What to Do In Case Of a Work-Related Injury

We are pleased to announce that effective 12/1/2010, our Workers’ Compensation carrier will be The PMA Insurance Group.

Saint Joseph's University continually strives to make our campus an enjoyable and safe place to work. However, in the event you suffer an injury or accident on the job, the following should occur:

- Notify your supervisor immediately. You and/or your supervisor should then report your accident to Public Safety at extension 1111 so that an officer may investigate and document the injury and its circumstances.

- Should you require immediate medical attention, Public Safety will escort you to a facility approved by our Worker’s Compensation carrier. Please do not drive yourself, and do not provide your health insurance ID card. If the medical personnel treating you for your injury have questions about the Workers’ Compensation insurance coverage, please refer them to Human Resources at 610-660-3309.

- If the doctor tells you that you cannot work, or must work a restricted or light duty schedule, please notify your supervisor and Human Resources immediately. Supervisors should contact Carl Saalbach at x3369 in these circumstances.

- If you do not require immediate medical attention, but find later that you would like to see a doctor, please contact Human Resources, and we will direct you to one of our panel physicians. You must see a panel physician and not a personal physician for all workplace accidents.

If you have any questions about a Workers’ Compensation claim, please contact Beth Kauffman in Human Resources at extension 3309.
WORKERS’ COMPENSATION
EMPLOYEE NOTIFICATION

Workers’ Compensation is designed to provide wage loss benefits and reimbursement for reasonable medical care for one who is injured on the job. Your employer shall provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

Your employer, in compliance with the Workers’ Compensation Act, has posted a list of at least six (6) medical providers from which you are to select. You are to obtain treatment from one of the providers of your choice for ninety (90) days from the date of your first visit.

If you are faced with an immediate medical emergency, you may secure assistance from the closest hospital, physician or other health care provider of your choice. If follow up treatment is needed, you must then seek treatment from a physician or other health care provider listed on your employer’s physician panel list for the first ninety (90) days from the date of your first visit.

If during the initial 90-day period you wish to change medical providers, you must once again re-visit your employer’s panel and select a new physician. If you do not seek treatment from a provider on the panel list for the initial 90 days following your first visit, your employer will not have to pay for the services rendered.

If one of the listed providers recommends invasive surgery, you are entitled to a second opinion from a physician of your choice. Should your physician’s opinion differ, and you choose that opinion, the panel physician will abide by same for 90 days.

After the initial 90-day period, if additional or continued treatment is needed, you may now choose to go to another physician or health care provider of your choice. Should you decide to change providers, you must notify your employer within five (5) days of your first visit with your new provider. Failure to notify your employer will relieve your employer of the responsibility for the payment of the services rendered if such services are determined to have been unreasonable or unnecessary.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Workers’ Compensation Information

(1) The workers’ compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

(2) Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

(3) You should report immediately any injury or work-related illness to your employer.

(4) Your benefits could be delayed or denied if you do not notify your employer immediately.

(5) If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

(6) The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation,
1171 South Cameron Street, Room 103,
Harrisburg, Pennsylvania 17104-2501;
Telephone number within Pennsylvania (800) 482-2383;
Telephone number outside of this Commonwealth (717) 772-4447;
TTY (800) 362-4228 (for hearing and speech impaired only);
www.state.pa.us, PA Keyword: workers comp.

Your signature on this form indicates that you understand your rights and duties under the above provisions of the Workers’ Compensation Act.

I hereby acknowledge that I have been informed of and understand my rights and duties under the Workers’ Compensation Act.

Employee signature _____________________  Date ______________

Please hold these three pages for your records; sign and return to the Office of Human Resources the copy page that follows:
NOTICE TO EMPLOYEES
Your employer has provided for the payment of benefits under the Workers’ Compensation Act of this State.

IN CASE OF WORK-RELATED INJURY
● If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prostheses, including training in their use.
● In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must immediately advise your supervisor of your injury, and be treated by one of the licensed physicians or practitioners of the healing arts listed below:

DESIGNATED PHYSICIANS
(including address, telephone number, and area of medical specialty)

CLINICS

Worknet Occupational Medicine
Occupational Medicine Clinic
5800 Ridge Ave Ste 234
Philadelphia, PA 19128
215-487-4540
M-F: 8:00-3:30

Mercy Workcare at Mercy Hospital of Philadelphia
Occupational Medicine Clinic
501 S 54th St
Philadelphia, PA 19143
215-748-9327
M-F: 8:30-4:30

Crozer Center
For Occupational Health
Occupational Medicine Clinic
196 West Spruol Road, Ste. 110
Springfield, PA 19064
610-328-8760
M-F: 8:00-5:00

PHYSICIANS

Angeloni, John, DO
City Line Family Medicine
Family Practice
301 E City Ave #100
Bala Cynwyd, PA 19004
610-617-1300

McKenzie, Judith G., MD
HUP Department of Emergency Medicine
Occupational Medicine
3400 Spruce St, Ground Floor,
Silverstein Bldg
Philadelphia, PA 19104
215-662-2354

Pcom Family Medicine
Family Practice
4190 City Ave #315
Philadelphia, PA 19131
215-871-6380

Baldino, Vincent, DO
Ritner Medical Associates
Family Practice
1701 Ritner St
Philadelphia, PA 19145
215-336-2145

Rubenstein, David, MD
Main Line Orthopaedics & Sports Medicine
Orthopaedic Surgery
100 E Lancaster Ave #650
Wynnewood, PA 19096
610-649-8055

Baldino, Vincent, DO
Ritner Medical Associates
Family Practice
1701 Ritner St
Philadelphia, PA 19145
215-336-2145

Rubenstein, David, MD
Main Line Orthopaedics & Sports Medicine
Orthopaedic Surgery
100 E Lancaster Ave #650
Wynnewood, PA 19096
610-649-8055

Nevyas, Herbert J., MD
Nevyas Eye Associates
Ophthalmology
333 E City Ave 2 Bala Plaza
Bala Cynwyd, PA 19004
610-668-2777

Rebisz, Brian, DC
Highland Park Chiropractic Center
Chiropractic
8420 W Chester Pike
Upper Darby, PA 19082
610-446-2828

Lankenau Hospital E.R.
100 E. Lancaster Avenue
Wynnewood, PA 19096

On campus at Saint Joseph’s University:

NovaCare Rehabilitation
Michael J. Hagan ’85 Arena
Contact: Joe Janosky PT, ATC
Or Sally Troy, DPT
610-668-0904
TMESYS Pharmacy Program –

To contact your local TMESYS Pharmacy, please call (800) 964-2531

- You must continue to visit one of these persons listed above, if you need treatment, for ninety (90) day from the date of your first visit. If you do not, your employer may not be required to pay these services.
- After this ninety (90) day period, if you still need treatment and your employer had provided a list as set forth above, you may choose to go to another licensed physician or practitioner of the healing arts for treatment. You must notify your employer of this action within five (5) days of your visit to the person of your choice, or your employer may not be required to pay for these services.
- Your bills will be paid for IF: your licensed physician or practitioner of the healing arts files reports as required. (These reports must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.)
- In the event a posted panel physician recommends invasive surgery, you may seek a second opinion with a physician of your choice. If you choose to undergo the invasive surgery, you must use a posted physician for the treatment.
- If no list is provided as above, you may go to a licensed physician of practitioner of the healing arts of your choice.
- If one of the persons listed above refers you to another licensed specialist, your employer or his insurer will pay the bill for these services.
- If you are faced with a medical emergency, you may secure assistance from a hospital or physician or practitioner of the healing arts of your choice.

Name: St Joseph`s University #7605082 Address: 5600 City Ave Philadelphia, PA 19131 Generated: 12/10/2008
Radius: 5 mile(s)
*** Indicates provider participates in the EPP.

Notify your immediate supervisor of your injury. If you feel that you need medical attention, you may choose one of the providers listed here. Please call the provider to confirm Coventry participation and to schedule an appointment for faster service. Many clinics are open extended hours for your convenience. For urgent care needs after clinics hours, you may proceed directly to the hospital listed here.

Patients will be seen on a medical priority basis. In emergency situations you may immediately seek treatment from the nearest qualified facility or provider. IF YOU NEED AN ALTERNATE TO THE PROVIDERS LISTED HERE, CALL 888-476-2669.

Your Employer and its Insurance Carrier utilizes Coventry contracted providers. The above list is not a complete list of healthcare providers with Coventry. For a complete listing of providers, or to verify whether a particular doctor does participate, please call 800-289-2389.

If your situation is a medical emergency requiring immediate attention, dial 911 or proceed to the nearest hospital which provides emergency services. Use of network does not confirm or verify compensability under the Workers’ Compensation Act, which is determined solely by the claims administrator.

REMEMBER, IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY
Please sign and return this sheet to the Office of Human Resources.

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EMPLOYEE NOTIFICATION
(COPY)

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   Employee signature _____________________  Date __________________

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