

**EMPLOYEE'S ACKNOWLEDGEMENT UNDER SECTION 306(f.1)(1)(1)
OF THE PENNSYLVANIA WORKERS' COMPENSATION ACT**

I, _____, recognize and agree that my employer has posted a list of six (6) health care providers, at least three (3) of which are physicians and no more than four (4) of which are coordinated care organization (CCO). I further agree that my employer had provided the name, address, telephone number and area of medical specialty of each designated provider on the list. I also acknowledge that I have been presented with this written notice setting forth my rights and duties under Section 306 (f 1)(1)(i) of the Pennsylvania Workers' Compensation Act. My rights and duties include the following:

I have the duty to obtain treatment for work-related illnesses from one or more of the designated health care providers for ninety (90) days from the date of first visit to a designated provider;

As long as treatment is obtained from a designated provider during the ninety (90) day period, all reasonable medical supplies and treatment related to the injury will be paid by my employer;

I have the right to switch from one designated health care provider on the list to another during the ninety (90) day period and my employer must pay for this treatment;

If I am referred by a designated provider to a non-designated provider, my employer shall provide for the treatment rendered by the referral provider;

I have the right to seek emergency medical treatment from any provider, but I understand that subsequent emergency treatment must be rendered by a designated provider for the remainder of the ninety (90) day period;

I have the right during the ninety (90) day period to seek medical treatment from a non-designated provider, but I understand my employer is not responsible to pay for these services;

After the expiration for the ninety (90) day period, I have the right to seek treatment from any health care provider, and my employer must pay for such treatment if it is reasonable and necessary;

If I treat with a non-designated health care provider after the expiration of the ninety (90) day period, I understand that I must provide my employer notice within five (5) days of my first treatment with the non-designated provider;

If I fail to do so, my employer may not be responsible to pay for the treatment rendered by the non-designated provider prior to notification; and

If the designated provider recommends invasive surgery, I am entitled to receive an additional opinion from any health care provider of my choice. If the additional opinion differs from that of the designated provider, I am entitled to select which course of treatment to follow. However, if I choose to follow the recommendation of my health care provider (the additional opinion), the procedures shall be performed by one or more of the designated health care providers for a period of ninety (90) days from the date of the visit to my health care provider (date of examination of the additional opinion).

My employer has informed me of my rights and duties, and my signature acknowledges that I have been so informed and understand my rights and duties.

Date

Employee's Signature

Date

Witness