

**Main Line Health
Employee Rights and Responsibilities
Workers' Compensation**

1. I have the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.

Panel Provider List: Main Line Health Policies and Procedures – Panel Provider
<https://mainlinehealth.ellucid.com/documents/search?search=panel+provider>

Note: A link to the panel provider listing will also be provided to you when completing your injury report through MLH Self Service.

2. I have the right to have all reasonable medical supplies and treatment related to the injury paid for by the employer as long as the treatment is obtained from a designated provider during the 90-day period.
3. I have the right during this 90-day period, to switch from one health care provider on the list to another provider on the list, and that all treatment shall be paid for by the employer.
4. I have the right to seek treatment from a referral provider if I am referred to him/her by a designated provider and the employer shall pay for the treatment rendered by the referral provider.
5. I have the right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
6. I have the right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but these services shall be at my expense for the applicable 90 days.
7. I have the right to seek treatment from any health care provider after the 90-day period has ended, and that the treatment shall be paid for by the employer, if it is reasonable and necessary.
8. I have the duty to notify the MLH Workers' Compensation Department at 484-580-4411 of treatment by a non-designated provider within five (5) days of the first visit to that provider. The employer may not be required to pay for treatment rendered by a non-designated provider prior to receiving this notification. However the employer shall pay for these services once notified, unless treatment is found to be unreasonable by a URO, under Subchapter C relating to medical treatment review.

9. I have the right to seek an additional opinion from any health care provider of my choice when a designated provider prescribes invasive surgery for me. If the additional opinion differs from the opinion of the designated provider and the additional opinion provides a specific and detailed course of treatment, I shall determine which course of treatment to follow. If I opt to follow the course of treatment outlined by the additional opinion, the treatment shall be performed by one of the health care providers on the employer's designated list for 90 days from the date of the first visit to the provider of the additional opinion.
10. The Act defines a fraud offense as occurring if an employee, attorney, etc., knowingly and with the intent to defraud, files a false or misleading document, statement or claim. The penalty for fraud may be as high as a conviction of a third degree felony carrying a fine of not more than \$50,000 or double the value of the fraud, and/or imprisonment for a period of not more than seven (7) years.
11. It is the duty of the employee to regularly report to the employer, the receipt of wages, pension, unemployment compensation, severance or Social Security benefits. An employee failing to report may be subject to the fraud provisions cited above.

I have read the above notification and acknowledge that I understand the provisions of the Pennsylvania Workers' Compensation Act as set forth above.

Signature of Employee _____ Date _____

Printed Name of Employee: _____

Address of Employee: _____