CM REGENT INSURANCE COMPANY

Internal School District Work-Related Incident Report

Section One: Employee and Incident Information

Employer Name:		Employer Address:			County:
Employee Name (last, first, initial):		Home Phone #:	Gender: M ☐ F ☐		Marital Status: M ☐ S ☐ Dep.:
Home Address (street, city, state, zip code):					County:
Social Security #:	Date of Birth:	Date of Incident:	Time of Incident:	Date Reported:	To Whom Reported:
Location of Incident (building, room, etc.):			Type of Injury (cut, sprain, etc.):		
Injured Body Part:			Cause of Injury (machine, tool, equipment, liquid, etc.):		
Employee's Job Title:	Hours Worked Per Week:		Name of Witness(es):		

Description of Incident (please describe in detail what happened):

Employee Name:	Employee Signature:	Date:
Employee's Supervisor Name:	Employee's Supervisor's Signature:	Date:

Section Two: No Medical Treatment

☐ Returned to Work ☐ Returned to Work with Modified Duties ☐ Sent Home

Supervisor's Signature: Date:

Section Three: Medical Treatment or First Aid

Type of Injury: _____ ☐ New ☐ Other (describe): _____

Treatment/First Aid: _____

Diagnosis: _____

Disposition: _____

☐ Return to work without limitations

☐ Return to work with limitations (describe): _____

☐ May return to work on: _____

☐ Follow-up appointment with: _____ on _____

Signature of medical/first aid provider _____ **Date:** _____

Medical Facility Address:

CM REGENT INSURANCE COMPANY

Forest Area School District - Tionesta

Your Workers' Compensation Insurance Carrier is:

CM Regent Insurance

300 Sterling Pkwy, Suite 100 Mechanicsburg, PA 17050

Phone: 1-717-590-8008

REMEMBER, IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR WORK INJURY.

1. 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 prosthesis, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers. You must continue to visit one of the providers listed below, if you need treatment, for ninety (90) days from the date of your first visit.
3. If one of the providers below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
4. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
5. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer designated provider for up to 180 days.
6. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

FOR ASSISTANCE IN SCHEDULING APPOINTMENTS, PLEASE CALL PREMIER COMP TOLL FREE 24 HOURS/7 DAYS A WEEK AT 1-888-594-4001

Name	Address	Phone	Area of Specialty
BHS Seneca Medical Center - Workers Care (Multiple locations)	Seneca Commons, One Park Way Seneca, PA 16346 Location #: 814-677-1768	1-888-594-4001	Occupational Medicine
Marienville Family Health	125 Chestnut Street Marienville, PA 16239 Location #: 814-927-5609	1-888-594-4001	Family Practice
Orthopedic Associates of Meadville	1 Vernon Place 11277 Vernon Place, Suite 200 Meadville, PA 16335 Location #: 814-724-1252	1-888-594-4001	Orthopedics
Butler Health Systems Orthopedic Associates	24 Doctors Lane, Suite 200 Clarion, PA 16214 Location #: 814-226-1950	1-888-594-4001	Orthopedics
Titusville Area Hospital Physicians Services-Orthopedics	406 West Oak Street Titusville, PA 16354 Location #: 814-827-3400	1-888-594-4001	Orthopedics
UPMC Orthopedic & Sports Medicine Associates (Multiple Locations)	18 Sportsman Drive, Suite 20 Clarion, PA 16214 Location #: 814-226-1070	1-888-594-4001	Orthopedics
Warren Medical Group Orthopedic & Sports Medicine	2 Crescent Park West Warren, PA 16365 Location #: 814-406-0035	1-888-594-4001	Orthopedics
Titusville Area Hospital Physician Services	406 West Oak Street Titusville, PA 16354 Location #: 814-827-3400	1-888-594-4001	General Surgery
Penn Highlands Eye Center (Multiple Locations)	529 Sunflower Drive DuBois, PA 15801 Location #: 814-371-2390	1-888-594-4001	Ophthalmology
Laurel Eye Clinic (Multiple Locations)	472 Jeffers Street DuBois, PA 15801 Location #: 800-494-2020	1-888-594-4001	Ophthalmology
Toombs Chiropractic Clinic	204 West Third Avenue, Suite A Warren, PA 16365 Location #: 814-726-7877	1-888-594-4001	Chiropractic
Middleton Chiropractic	128 West Central Avenue Titusville, PA 16354 Location #: 814-827-9970	1-888-594-4001	Chiropractic
Singleton Family Chiropractic	3178 State Route 257 Seneca, PA 16346 Location #: 814-677-9233	1-888-594-4001	Chiropractic

CONVENIENT NETWORK LOCATIONS LISTED BELOW

Premier Comp PT Network	Call Toll Free for Closest Location	1-888-594-4001	Physical Therapy
Premier Comp MRI Network	Call Toll Free for Closest Location	1-888-594-4001	MRIs
Corvel	For Prescriptions, Please Call	1-800-563-8438	Pharmacy
S1 Medical	Call Toll Free for Closest Location	1-888-945-5055	DME and Home Health

Panel Date: 7/1/2022

WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

The Pennsylvania Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for someone who suffers an injury arising in the course of his/her employment and causally related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider; however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer's premises. If you are faced with a medical emergency, you may secure assistance from a hospital or physician/health care provider of your choice. However, once the emergency no longer exists, the injured employee must treat with a listed provider for the remainder of the ninety (90) day period.

During the initial ninety (90) days from the date of your first visit, you have the right to switch from one health care provider on the list to another, and your employer will pay for that treatment.

If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for the treatment rendered by the provider to whom you were referred.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) day period following the first visit, but you are personally responsible for payment for those services.

You have the right to seek treatment from any health care provider at the expiration of the ninety (90) day period from the date of first visit. Your employer will pay for this treatment unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Workers' Compensation Act.

Your employer will be responsible for the cost of that treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from non-designated health care provider and only if that notice is provided to your employer within five (5) days of the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

Should a designated health care provider prescribe invasive surgery, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated health care providers and will not be responsible for payment for treatment provided by a non-designated provider for a period of ninety (90) days from the date of your visit to the health care provider from whom you obtained the additional opinion.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES UNDER THE PENNSYLVANIA WORKERS' COMPENSATION ACT AS SET FORTH HEREIN.

_____	_____	_____
Employee Name	Employee Signature	Date

EMPLOYEE RE-NOTIFICATION AT OR NEAR THE TIME OF THE CLAIMED WORK INJURY

I hereby acknowledge that I have been informed again and that I understand my rights and duties under the Pennsylvania Workers' Compensation Act. I have received a copy of this workers' compensation employee notification form.

_____	_____	_____
Employee Name	Employee Signature	Date

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.