



TO: Injured Employee  
FROM: Human Resources  
RE: Injury Report

Attached you will find these forms:

- **Employee Accident/Illness Information Form** - must complete and return to Human Resources.
- **Notification to Employees of Their Rights and Duties** - sign and return to Human Resources.
- **Pennsylvania Workers' Compensation ACT**
- **PA Workers' Compensation Information**
- **Listing of Panel Physicians**- for you to keep in the event you need to seek medical attention.

All workplace injuries must be reported even if medical attention was not needed. Please fill out the forms and return to Human Resources as soon as possible. Please contact Regina Corchado at 570-208-5968 or [reginacorchado@kings.edu](mailto:reginacorchado@kings.edu) to report the injury.

Thank you,

Human Resources



# Employee Accident/Illness Information Form

**Employee Name:**

**Gender:**

**Date of Birth:**

**Social Security#:**

**Occupation:**

**Date of Hire:**

**Email Address:**

**Phone#:**

**Mobile    Landline    Work**

**Mailing Address:**

When did the injury or illness occur?

Time of the occurrence?

When was the employer notified?

Has employee missed any time for the injury?

Did employee receive medical treatment?

Physician information:

Name:

Address:

Phone#:

**Hospital /Facility information:**

**Name:**

**Address:**

**Phone#:**

**Witness Information:**

**Name:**

**Phone#:**

**Email address:**

1. What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
2. What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

3. What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

4. What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notification to Employees of Their Rights and Duties  
Under the PA Workers' Compensation Act  
Section 306 (f.1)(1)(i)**

The Pennsylvania Workers' Compensation Act requires that employees be given written notice of their rights and duties under Sec. 306 (f.1)(1)(1) of the Act If a list of designated health care providers is established by the employer. The text of this section Is provided on the next page.

Rights and Duties

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As an employee of the commonwealth working at a location where a list of designated health care providers has been established and posted, you have the right to seek emergency medical treatment from any provider for post-emergency and other Injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that the commonwealth Is not liable for the medical bills incurred. Specific rights and duties are:

- 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.
- 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.
- The right to have all reasonable medical supplies and treatment related to the Injury paid for by your employer as long as treatment Is obtained from a designated provider during the 90-day period.
- The right, during this 90-day period, to switch from one designated health care provider to another designated provider.
- The right to seek treatment from a provider If you are referred to that provider by a designated provider.
- The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider.
- The right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but the services shall be at your expense for the applicable 90 days.
- The right to seek treatment from any health care provider after the 90-day period has ended.
- The duty to notify your employer of treatment by a non-designated provider (after the 90-day period) within 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.

I acknowledge that I have been informed of my rights and duties under Sec. 306 (f.1)(1)(i) and that I understand them to the extent they are explained above.

THIS NOTICE WAS PRESENTED TO ME AT (circle one):

TIME OF HIRE      WHEN I WAS INJURED      OTHER

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Employee's Printed Name

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Employee's Signature

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Employer Representative

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Date

**If you have any questions, ask your human resources office or  
call the Bureau of Workers' Compensation at 800.482.2383**

**PENNSYLVANIA WORKERS' COMPENSATION ACT**  
**SECTION 306 (f.1)(1)(i)**

The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit: provided, however, that the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee's written acknowledgment of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee's own choice. Any employee who, next following termination of the applicable period, is provided treatment from a nondesignated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.

## Pennsylvania Workers' Compensation Information

### To all employees:

The workers' compensation law in Pennsylvania provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

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 treatment of injured employees or for the administration of first aid.

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

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

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

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, PA 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](http://www.state.pa.us), PA Keyword: workers comp.

I, \_\_\_\_\_  
employee of \_\_\_\_\_(employer),  
certify that I received, read, and understood the information provided above on my date  
of hire \_\_\_\_\_(date).

### ***If applicable:***

I, -----  
employee of \_\_\_\_\_(employer),  
certify that I received, read, and understood the above information on \_\_\_\_\_ (the  
date of work-related injury or disease).

# 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)

Speciality	Name	Address	City	State	Zip	Phone
Occupational Health	Concentra Medical Center	268 Highland Park Blvd	Wilkes-Barre	PA	18702	570-822-8831
Urgent Care	MedExpress	677D Kidder Street	Wilkes-Barre	PA	18702	570-825-2046
Orthopedics	Spmis Medicine Bone & Joint	220 South River Street	Plains	PA	18705	570-826-1555
Ophthalmology	Notheastern Eye Institute	679 Kidder Street	Wilkes-Barre	PA	18702	570-825-3491
General Surgery	Commonwealth Health Physicians Network	200 South River Street	Plains	PA	18705	570-821-1100
Chiropractic	Maurer Chiropractic	104 Wilkes-Barre Twp. Blvd	Wilkes-Barre	PA	18702	570-822-3212
Chiropractic	Yanik's Chiropractic & Fitness Center	37 Tener Street	Luzerne	PA	18709	570-718-0440
Physical Therapy	Pivot Physical Therapy	401 Market Street	Kingston	PA	18704	570-208-0466
Physical Therapy	ProRehab	1086 HWY 315 Blvd	Wilkes-Barre	PA	18702	570-823-7761

- You must continue to visit one of these persons listed above, if you need treatment, for ninety (90) days 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 or 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.**

**REMEMBER, IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY**

Prepared for:  
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