

NOTICE TO EMPLOYEES

Your employer has provided for the payment of Benefits under the Workers' Compensation Act of this State by insuring with

St. Paul Travelers

1105 Berkshire Blvd., Wyomissing, PA 19610

IN CASE OF WORK RELATED INJURY

1. If you suffer 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.
2. In order to insure that your medical treatment will be paid for by your employer or insurance company, you must select from one of the designated health care providers listed below:

Hospital

St. Joseph Medical Center
215 N. 12th Street
Reading, PA 19603
610-378-2000

General Practice

Concentra Medical Center
4201 Pottsville Pike
Reading, PA 19605
610-921-5811

General Practice

US Healthworks Medical
Group
1114 Commons Blvd.
Reading, PA 19605
610-926-0960

Orthopedic Surgery

Commonwealth
Orthopedic
1235 Penn Avenue
Wyomissing, PA 19610
610-374-2251

Orthopedic Surgery

Berkshire Orthopedic
Assoc.
2201 Ridgewood Rd.
Wyomissing, PA 19610
610-374-4949

Chiropractic Medicine

Mitchell A. Price, DC
4641 Pottsville Pike,
Suite A
Reading, PA 19605
610-926-1212

Chiropractic Medicine

Seeger Chiropractic Center
600 Centre Avenue
Reading, PA 19601
610-375-9319

Neurology

Schuylkill Neurological
Assoc.
867 Berkshire Blvd.,
Suite 100
Wyomissing, PA 19610
610-378-5428

Ophthalmology

Carin Eye & Retina Ctr.
6th and Spruce Streets
Reading, PA 19611
610-376-1981

Physical Therapy

Concentra Medical Center
4201 Pottsville Pike
Reading, PA 19605
610-921-5811

Physical Therapy

Reading Berks Physical
Therapy
1940 N. 13th Street
Reading, PA 19604
610-921-0609

General Surgery

Berks Surgical Associates
11 Fairlane Road
Reading, PA 19606
610-370-3111

3. You must continue to visit one of these health care providers listed above, if you need treatment, for ninety (90) days from the date of your first visit.
4. After this ninety (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another health care provider. You MUST notify your employer of this action within five (5) days of your visit to the health care provider of your choice.

Your bills will be considered IF: your health care provider files written reports on a form prescribed by the Department (these reports must be filed within ten (10) days of commencing treatment and at least once a month thereafter, as long as treatment continues).

The employer shall not be liable to pay for such treatment until a report has been filed.

5. If one of the health care providers listed above refers you to another health care provider, your employer or its insurer will pay the bill for these services provided they are reasonable and necessary.
6. If you are faced with a medical emergency, you may secure assistance from a hospital or health care provider of your choice.
7. If you have any questions, contact the Human Resources Office at 921-7628.

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