

Revised 3/20/2026

Reporting a Work-Related Incident:

- Employee & Supervisor complete the **Employee Work Accident Report** within 24 hours from the date of injury.
*Please go to the County's website for the most up to date Work Accident Report form using: [Content search - Allegheny County, PA](#) or [County Web Site>Departments>Human Resources>Workers Compensation](#)
- Supervisor directs the Employee to complete **Section 1** of the Employee Work Accident Report.
- Supervisor provides the Employee with a copy of the most recent **WC Health Care Panel**. (Employee is required to treat on panel for the first 90 days of treatment for medical bills to be covered).
- Supervisor has the Employee sign the **Rights and Responsibilities** form and **County Authorization for Release of Records and Reports** form.
- Supervisor provides the Employee with a copy of the **KEYSCRIPTS** temporary card.
- Supervisor completes **Section 2/Section 3** of the Employee Work Accident Report.
- Supervisor should obtain any written **Witness Statements**.
- Supervisor should call in the WC claim to Workpartners: 1-855-396-8762.
- The completed Employee Work Accident Report, along with supporting documentation should be sent to Workpartners at WPACServiceAcct@upmc.edu and Allegheny Safety at safety@alleghenycounty.us

Medical Treatment / Provider Panel:

- If employee's injury requires medical treatment, refer the Employee to the County of Allegheny Workers' Compensation Health Care Panel Providers List (The Panel). The Panel is attached to the Employee Accident Report Form and Injury Packet.
 - The Panel must be posted in one or several common areas of the workplace (workstation, breakrooms, etc.)
 - Employee may seek treatment with any provider on the Panel List and must continue treatment with a panel provider for (90) days following the first visit.
- **ONLY INJURIES NEEDING IMMEDIATE ATTENTION SHOULD REPORT TO THE EMERGENCY ROOM.**
- If employee is working and continues medical treatment, they must attend appointments prior to or after their shift, or at the beginning/end of to minimize impact on department operations. Employees are NOT paid WC wage loss benefits for time while attending appointments, therapy, diagnostic testing, etc.

Investigation of Incident:

- Within 48 hours of receipt of the claim, Workpartners will contact the Employee to complete a timely investigation and make a compensability determination. Workpartners may also contact the Department WC Liaison, Supervisor, any witnesses identified, and obtain medical documentation that supports the cause of injury, diagnosis, and treatment plan.

FMLA:

- If your employee misses more than 4 days of work, Workpartners WC will notify the Workpartners Leave of Absence team.

Work Loss:

- If the employee is released to return to work (RTW) with medical restrictions, Workpartners will contact the employee's department to determine if their physical capabilities can be accommodated.

Payroll:

- In accordance with the PA Workers' Compensation Act, there is a 7-day waiting period for wage loss benefits. If the claim is determined to be compensable, and the injured worker is disabled (total or partial with a wage loss) for 14 days or more, then the 7-day waiting period is waived. Payroll should be coded as follows: **(Note: Days missed from work are based on calendar days and not scheduled workdays)**
 - **1-7 Days:** Employee will use their own benefit time, if available, while the claim is being investigated.
 - **8-13 Days: If determined to be compensable,** the employee will be paid workers' compensation benefits by Workpartners.
 - **14 Days or More:** If determined to be compensable, Workpartners will pay wage loss benefits retroactive from day 1

Return to Work (RTW):

- Workpartners will work with the department to return the injured worker to work (modified/regular duty) as soon and as safe as possible.

Employee Responsibilities:

- Employee must immediately report the incident to their supervisor.
- Employee completes Page 1, Section 1 of the Employee Work Accident Report Form and Injury Packet.
- Employee reviews the Health Care Panel and Rights and Responsibilities Form provided by their supervisor.
- After reviewing the Employee Rights and Responsibilities Form, Employee must sign the document, acknowledging they have received a copy of the Health Care Provider Panel and understand they **must treat with a provider on the Panel for the first 90 days of treatment.**
- Employee must sign the Medical Authorization/Release of Records.
- If medical treatment is needed, employee should schedule an appointment with a physician listed on the Health Care Provider Panel. If treatment is sought off the Panel, Workpartners is not obligated to pay for costs associated with those visits.
- If you sought treatment at the Emergency Room any follow up treatment after an Emergency Room visit must be scheduled with a Panel provider for payment to be considered.
- If work restrictions/physical limitations are provided or time off work is necessary, Employee must provide signed medical documentation from a Health Care Provider to their Supervisor and Workpartners.
- Employee must continue to keep their Supervisor and Workpartners updated on their treatment and work status.
- If Employee is working and continues medical treatment, they must attend appointments prior to or after their shift or at the beginning/end of their shift, to minimize impact on department operations.
- Employees are NOT paid wage loss benefits for time while attending appointments, therapy, diagnostic testing, etc.
- Employee must contact the Workpartners Leave Department for help with any questions regarding FMLA or related policies.
- Employee is required to obtain an off work slip from their treating medical provider, for any days missed. A copy of the off-work note should be provided to Workpartners and their Supervisor.

Workpartners WC Claim Department Responsibilities:

- Perform an investigation of the reported incident and accept or deny within 21 days.
- Management of appropriate medical treatment.
- Return Employee to safe and productive work.
- Process wage loss and medical expenses for payment.
- Notify FMLA of missed time exceeding 4 days.
- If Employee is released to return to work with restrictions, the claims specialist will contact the Supervisor to determine if the physical capabilities can be accommodated.
- If an Employee has been released with restrictions and returns to a modified assignment, however, does not earn their pre-injury wage as the result of the restrictions, a partial benefit may be due and paid by Workpartners. Workpartners will follow the medical progression of the claim to obtain a full duty release to the employee's pre- injury position and wage.
- Refer claims to legal counsel for all litigated matters pertaining to workers' compensation.

Workpartners Leave Management Department Responsibilities:

- Send out FMLA packets if Employee is unable to work due to work related injury or illness and address questions regarding related policies.

Workers Compensation Claim Procedure Employee Accident Reporting Instructions

Section 1	Employee Completes this Section	Supervisor Reviews & Verifies this information
Section 2 & 3		Supervisor on Duty or Designated Dept. WC Liaison Completes these Sections & conducts internal investigation
Witness Statement		As part of investigation, Supervisor or Designated Dept. WC Liaison obtains this information & submits it along with completed accident report
Employee Acknowledgement of Rights & Responsibilities	Employee Reviews & signs/dates	Supervisor reviews with Employee & submits along with completed accident report
Medical Authorization	Employee Reviews & signs/dates	Supervisor submits along with completed accident report
Keyscripts Prescription card	Employee is to use this card to obtain any information prescribed for this injury.	Supervisor on Duty or Designated Dept. WC Liaison Calls to activate & provides to Employee
Call Claim into Workpartners 1-855-396-8762 -Obtain Claim Number	Employee should not call in their own claim	Supervisor on Duty or Designated Dept. WC Liaison Calls the Claim into Workpartners.
Email Completed Accident report & attached documents to Service Account WPACServiceAcct@upmc.edu and to Allegheny County Safety at safety@alleghenycounty.us		Supervisor emails completed documents to the Service Account at Workpartners and to Allegheny County Safety

COUNTY OF ALLEGHENY
EMPLOYEE WORK ACCIDENT REPORT

County Employees: This form is used to report a work-related accident, illness, or injury. Seek medical treatment from a Workers' Compensation Health Care Panel Provider and take the KeyScripts Pharmacy Card with you. These two documents are found in the Employee Work Accident Report Packet. Report the claim by phone to WorkPartners at **855-396-8762**, available 24/7. At the end of the call, a claim number will be generated for billing purposes. Email this completed form to Workpartners at WPACServiceAcct@upmc.edu and Allegheny County Safety at safety@alleghenycounty.us within 48 hours.

Section 1: EMPLOYEE Completes this Section-Please Print

Employee Name _____
Last First MI

Department _____ Employee Supervisor _____
(Please include First and Last Name/ Title/ Phone Number)

Date of Accident/Symptoms ____/____/____ Time: ____AM/PM Shift: ____
*If you feel this is a recurrence of a previous injury/illness, please indicate original accident date here (____/____/____)

Social Security# ____ - ____ - ____ Employee Phone _____
Employee Home Email: _____ Can we contact you via email: YES NO

Employee Address _____
Street City State Zip County

Date of Birth ____/____/____ Male/Female Married/Single # of Dependents ____

Job Title _____ Hire Date ____/____/____ Years on the job _____

Employment Status: Full-time Part-time Seasonal Volunteer Other
Date you notified employer. ____/____/____ Who did you notify? _____
(Please include First and Last Name/ Title/ Phone Number)

Were there any witnesses to your accident? Yes No
(If yes, please give Names/ phone numbers to your Supervisor) Where did the accident happen?

Describe the Accident and Body Part(s) affected: (Please be as DETAILED as possible.)

Did you plan to receive medical treatment at this time? Yes No
If No, please notify Supervisor immediately if condition changes and/or further evaluation is needed.
If Yes, where, and when did you receive treatment? _____

Have you ever had an illness or injury to this part(s) of your body in the past? Yes No Date ____/____/____
If yes, do you feel that you were completely recovered prior to this current illness or injury? Please fully explain.

Employee Signature* _____ Date ____/____/____

*My signature verifies that the information I provided is true and correct to the best of my knowledge. My signature also confirms that I have received a copy of Allegheny County's Workers' Compensation Health Care Panel Providers and must treat with a provider on the Panel for 90 days.

COUNTY OF ALLEGHENY
EMPLOYEE WORK ACCIDENT REPORT- PAGE 2

Section 2: SUPERVISOR/WORKER'S COMP LIAISON Completes this Section -Please Print

Supervisor/Acting Supervisor's Name/Title _____ Phone _____
Supervisor's Description of Accident (Please be as DETAILED as possible.)

List any witnesses reported by the Employee and their phone numbers _____

Employee Pay Rate when accident occurred _____ Pay Code _____ Overtime? Yes No

Initial Treatment: (check all that apply)

- Refused treatment or not planning to seek treatment at this time.
- Minor (band aid, aspirin, etc.)
- Medical treatment on the Employer's Panel – Location and Date _____
- Medical treatment at an Emergency Room – Hospital and Date _____ EMS Transport? Yes No
- Medical treatment NOT on the Employer's Panel – Location and Date _____

Did the employee leave their work shift to seek medical treatment? Yes No

IF KNOWN:

Is employee off work due to the injury? NO YES

 Last Date Worked Date Disability Began Return to Work Date, if known Did not miss any time
 If the employee has been released to return to work, is he/she working modified duty? _____
 Can you accommodate the work restrictions? _____

Section 3: SUPERVISOR/MANAGER Completes this Section
Accident Investigation and Analysis-Please Print

Was the accident caused by a slip, trip or fall? Yes No If Yes, specify the location _____

Is this a motor vehicle accident? Yes No If Yes, circle: **personal vehicle** or **fleet vehicle**

Are formal safety procedures in place for the task that contributed to the accident? Yes No

Was Blood or Bodily Fluid involved in this accident? Yes No

If applicable, list any personal protective equipment (PPE) provided for safety _____

Is the Accident Investigation completed? Yes No (If No, please state why not _____)

Action taken/Plan of Action to rectify or prevent recurrence (MUST BE COMPLETED): _____

Supervisor/Acting Supervisor Signature* _____ Date ____ / ____ / ____

*My signature verifies that the information I provided is true and correct to the best of my knowledge.

Claim Number: _____ Reported Date ____ / ____ / ____ Time ____ : ____ AM/PM

Reported By _____

SEND COMPLETED FORM TO BOTH:

WorkPartners – County Claims Unit at WPACServiceAcct@upmc.edu

Allegheny County Safety at safety@alleghenycounty.us

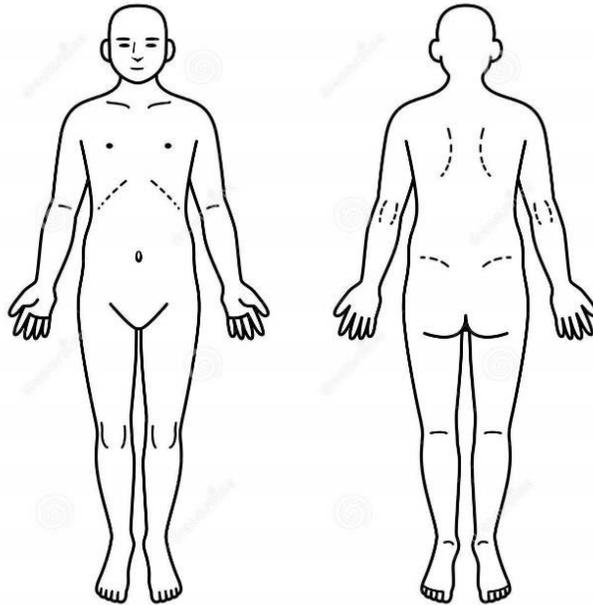
Initial Medical Assessment *Only to be completed by Onsite Medical – Not Supervisor*

Indicate the location of the injury on the diagram: Temperature Pulse Respiration (TPR) _____

Blood Pressure (BP) _____

Type of Injury:

- 1. Abrasion
- 2. Burn
- 3. Contusion
- 4. Exposure
- 5. Hematoma
- 6. Laceration
- 7. None-Apparent
- 8. Other
(Specify) _____



ACCIDENT

- 1. Fatal
- 2. Non-Fatal

Did Claimant treat with Panel Physician _____

Return to Work _____

Sent to Hospital _____

Additional Comments:

SEND COMPLETED FORM TO BOTH:

WorkPartners – County Claims Unit at WPACServiceAcct@upmc.edu

Allegheny County Safety at safety@alleghenycounty.us

Please contact Ron Rayman, Human Resources (412)350-6562 with any Workers' Compensation questions

HOW TO REPORT A WORK INJURY

Employee Responsibilities:

1. Report work related injury/illness **immediately** to a supervisor or designee.
2. Seek medical treatment, if needed - see below.
3. Within 24 hours complete the Employee Accident Report Packet obtained from your supervisor/designee. Complete section 1 of the Employee Accident Report Form, Rights and Responsibilities, and the Release of Records sign all and give it to your supervisor/designee who will report the incident to Work Partners. Work Partners will assign a claim number which will be used for billing purposes.
4. Take the information that is attached to the packet, i.e., panel providers, key script card (medication/pharmacy needs), and the worker's comp claim adjuster phone numbers.

Medical Treatment:

When medical help is required, the employee should seek treatment with one of the panel providers. Walk-in clinics are available.

Employees who suffer non-emergency injuries such as strains, sprains, and cuts should report to a health care Panel Provider and follow up with that provider for the first 90 days of treatment. If an employee chooses a provider who is not on the panel, per Pennsylvania workers' compensation law the county has no obligation to pay for treatment. If the incident occurs evenings or weekends when the panel providers are closed, report to the nearest hospital emergency department and follow up with a panel provider on the next business day.

Employees should report all injuries no matter how small.

Supervisor Responsibilities:

If the employee needs medical treatment:

1. Arrange for the employee to seek treatment with a Panel Provider. **Give the employee the Panel, Authorization Form and, KeyScripts Card (for medication/pharmacy needs). Also provide the employee with the claims adjuster's phone number**
2. Encourage employees to seek initial treatment during normal business hours with those providers listed as **Initial Care Sites** as no appointment is needed. If emergency treatment is needed direct the employee to the nearest hospital emergency room.
3. Complete your section of the injury report and attach any supplemental reports.
4. **Report the claim as soon as possible or within 24 hours and report the claim to Workpartners by calling 1-855-396-8762.** The line is staffed 24 hours a day, 7 days a week. This step generates a claim number for the incident.
5. Instruct the employee to their Supervisor or Workers' Compensation Liaison as soon as possible after being treated for the injury.



County of Allegheny
 Workers' Compensation Notice to
 Employees: Health Care Provider Panel
Effective 3/20/2026



IN CASE OF A WORK-RELATED INJURY:

1. **Immediately report the work-related injury/illness:**
 - **Notify your supervisor**
 - **Supervisor to call 1-855-396-8762 (24 hours/day, 7 days/week)**
2. Medical care must be provided by one of the designated providers listed below for the first 90 days of treatment.
3. Emergency Medical Care: In case of an emergency, you may seek treatment at the closest Emergency Department for your initial care, but additional medical treatment must be obtained by one of the providers below.

<u>Practice/Physician Name</u>	<u>Address</u>	<u>Scheduling</u>	<u>Area of Specialty</u>
Concentra Oakland 8a - 5p M-F Concentra Aspinwall 7a - 5p M-F Concentra Robinson 8a - 5p M-F Concentra West End 8a - 5p M-F	120 Lytton Ave, Ste 275 Pittsburgh, PA 15213 15 Freeport Rd, Ste 100 Pittsburgh, PA 15215 4390 Campbells Run Rd Pittsburgh, PA 15205 1600 West Carson St Pittsburgh, PA 15219	412-621-5430 412-784-1678 412-429-9675 412-391-1137	Occupational Medicine ALL work-related injuries including Initial Concussion Care & Physical Therapy Walk-in appointments are available for initial visit
UPMC GoHealth Urgent Care LLC – Monroeville Initial Visit Only	4145 William Penn Hwy Monroeville, PA 15146	412-516-9134	Urgent Care Initial Visit Only Walk-in appointments available 8a – 8p 7 days a week
UPMC GoHealth Urgent Care LLC – Wilkens Township Initial Visit Only	3433 William Penn Hwy Pittsburgh, PA 15235	412-516-9102	Urgent Care Initial Visit Only Walk-in appointments available 8a – 8p 7 days a week
UPMC GoHealth Urgent Care LLC – Bloomfield Initial Visit Only	5201 Baum Blvd Pittsburgh, PA 15224	412-330-1704	Urgent Care Initial Visit Only Walk-in appointments available 8a – 8p 7 days a week
UPMC GoHealth Urgent Care LLC – Brentwood Initial Visit Only	3516 Saw Mill Run Blvd Pittsburgh, PA 15227	412-564-6470	Urgent Care Initial Visit Only Walk-in appointments available 8a – 8p 7 days a week
UPMC GoHealth Urgent Care LLC – Ross Township Initial Visit Only	7219 McKnight Rd Pittsburgh, PA 15237	412-318-5961	Urgent Care Initial Visit Only Walk-in appointments available 8a – 8p 7 days a week
Steel Valley Express Care – Initial Visit Only	4630 Browns Hill Rd Pittsburgh, PA 15217	412-421-1000	Urgent Care Initial Visit Only Walk-in appointments available 8a – 8p M – SAT; SUN 8a – 4p
St. Clair Occupational Medicine (Inside Urgent Care) Christopher Maropis, MD	St. Clair Hospital – Outpatient Center 2000 Oxford Drive, Ste 100 Bethel Park, PA 15102	412-942-7115	Occupational Medicine ALL work-related injuries including Physical Therapy 7:30a – 4p M - F By appointment only
Tri State Orthopaedics & Sports Medicine - Urgent Care	North Hills 5900 Corporate Drive, Ste 200 Pittsburgh, PA 15237 Seven Fields 400 Northpointe Circle, Ste 101 Seven Fields, PA 16046	412-369-4000	Orthopedic Urgent Care *No appointment necessary. Walk-in appointments available only at 4:30p – 6:30p M – THU; SAT 8:30a – 11a

<p>Tri State Orthopaedics & Sports Medicine (Listed Physicians Only)</p> <p>Christopher Emond, MD Brian F. Jewell, MD Jeffrey N. Kann, MD Steven E. Kann, MD Michael Pagnotto, MD Michael Sybert, MD Gerard Werries, MD Daniel Kopolovich, MD Derek Andreini, MD</p> <p>Non-surgical: Victor J. Thomas, MD</p>	<p>North Hills 5900 Corporate Drive, Ste 200 Pittsburgh, PA 15237</p> <p>Robinson Township 4955 Steubenville Pike, Ste 120 Pittsburgh, PA 15205</p> <p>Seven Fields 400 Northpoint Circle, Ste 101 Seven Fields, PA 16046</p> <p>Fox Chapel 300 Chapel Harbor Drive, Ste 300 Pittsburgh, PA 15238</p>	<p>412-369-4000</p> <p>412-787-7582</p> <p>724-776-2488</p> <p>412-696-0300</p>	<p>Orthopedics Physical Therapy available onsite 7a – 4p M-F By appointment only *See also Orthopedic Urgent Care hours.</p>
<p>UPP Orthopaedics (Listed Physicians Only)</p> <p>William Donaldson, MD David Fowler, MD John Fowler Jr., MD Robert Goitz, MD McCalus Hogan, MD Robert Kaufmann, MD Bryson Lesniak, MD Joon Lee, MD Albert Lin, MD Jeffrey Manway, DPM Stephen Rabuck, MD</p> <p>Non-surgical: Dr. Aaron Mares, MD – (NO SPINE) Musculoskeletal - All sports related upper and lower extremities</p>	<p>Kaufmann Medical Building 3471 Fifth Avenue, Ste 1010 Pittsburgh, PA 15213</p>	<p>412-858-0385</p>	<p>Orthopedics By appointment only Other locations available</p>
<p>AHN Orthopaedic Institute (Listed Physicians Only)</p> <p>Christopher A. Radkowski, MD Zachary W. Sisko, MD</p>	<p>JMA Building 1200 Brooks Ln, Ste G20 Jefferson Hills, 15025</p> <p>Waterfront Medical Associates 495 Waterfront Dr East, Ste 200 Homestead, PA 15120</p>	<p>412-267-5040</p> <p>412-678-0534</p>	<p>Orthopedics By appointment only</p>
<p>University of Pittsburgh Physicians</p> <p>Anthony R. Cyr, MD Jason A. Luciano, MD Mostafa H. Ramadan, MD</p>	<p>St. Margaret’s Medical Arts Building 100 Delafield Rd, Ste 113 Pittsburgh, PA 15215</p>	<p>412-782-2400</p>	<p>General Surgery By appointment only Other location – Natrona Heights</p>
<p>University of Pittsburgh Physicians</p> <p>John A. McKeating, MD Harry W. Sell, MD Hannah Medeck, MD</p>	<p>UPMC Mercy 1350 Locust St, Ste 406 Pittsburgh, PA 15219</p>	<p>412-281-2255</p>	<p>General Surgery By appointment only</p>
<p>Josh Paul, MD Laurie Ann Roba, MD</p>	<p>1326 Freeport Rd, Ste 200 Pittsburgh, PA 15238</p>	<p>412-963-0414</p>	<p>Ophthalmology By appointment only</p>
<p>Eye Physicians & Surgeons</p> <p>Christ A. Balouris, MD</p>	<p>St. Margaret’s Medical Arts Building 200 Delafield Rd, Ste 2020 Pittsburgh, PA 15215</p>	<p>412-784-9060</p>	<p>Ophthalmology By appointment only Other location in Wexford</p>
<p>UPMC Vision Institute – Mercy</p>	<p>1622 Locust St Pittsburgh, PA 15219</p>	<p>412-647-2200</p>	<p>Ophthalmology By appointment only</p>

Urgent Eye Care Clinic - UPMC Vision Institute	1622 Locust St Pittsburgh, PA 15219	412-647-2200	Ophthalmology Urgent Care Walk-in only 8a – 9p M-F
Brian Ernstoff, MD	3 Robinson Plaza, Ste 230 Pittsburgh, PA 15205 560 Steubenville Pike Pittsburgh, PA 15021	412-901-2891 724-215-7067	Physical Medicine & Rehabilitation Concussion Care By appointment only
UPMC Neurological Institute Daniel Wecht, MD	St. Margaret's Medical Arts Building 100 Delafield Rd, 100 Medical Arts Building Pittsburgh, PA 15215	1-866-804-5282 Option #1	Neurosurgeon By appointment only Other locations available – Bethel Park, Coraopolis, West Mifflin, McKeesport
AHN Neurosurgery Daniel Myers, MD	Jefferson Hospital Medical Office Building 575 Coal Valley Rd, Ste 464 Jefferson Hills, PA 15025	412-267-6360	Neurosurgeon By appointment only
UPMC Rooney Sports Complex UPMC Concussion Clinic	3200 S Water St Pittsburgh, PA 15203	412-432-3681	Concussion Care Only By appointment only
UPMC Lemieux Sports Complex UPMC Concussion Clinic	8000 Cranberry Springs Dr Cranberry Township, PA 16066	412-432-3681	Concussion Care Only By appointment only
Frank Imbarlina, DC	1720 Washington Rd, Ste 201 Pittsburgh, PA 15241	412-833-6323	Chiropractor By appointment only
PCS Imaging Network	Multiple Facilities & Locations	1-888-594-4001	MRI & Diagnostics By appointment only
PCS Physical Therapy Network	Multiple Facilities & Locations	1-888-594-4001	Physical Therapy By appointment only
Concentra <i>(for Concentra patients only)</i>	Same locations as Occupational Medicine Offices	See Occupational Medicine	Physical Therapy By appointment only
Tri-State Physical Therapy <i>(for Tri-State Orthopedic patients only)</i>	Same locations as Orthopedic Offices	See Orthopedics	Physical Therapy By appointment only
KeyScripts Bin #: 009430 Group ID: UPMC0030 <i>Your temporary pharmacy card is now a part of your Employee Accident Report Packet – please obtain from your Supervisor</i>	Multiple pharmacies in network	1-866-446-2848	Pharmacy & Durable Medical Equipment No deductible or co-payment

You must continue to receive treatment from one of the DESIGNATED HEALTH CARE PROVIDERS from the list above for a period of ninety (90) days from the date of your first visit. If one of the DESIGNATED HEALTH CARE PROVIDERS refers you to another licensed specialist, your employer will pay the bill for this service if reasonable, necessary, and causally related to your work injury/illness. If you are faced with a medical emergency, you may secure treatment from the nearest hospital and your employer will pay for the emergency services if reasonable & necessary and causally related to your work injury/illness. If follow-up medical treatment is required following your visit at the hospital, you must use the services of one of the DESIGNATED HEALTH CARE PROVIDERS listed above for that follow-up treatment for the 90-day period.

Workers' Compensation Administrator & Billing Address: WorkPartners Claims Management Services P.O. Box 2971 Pittsburgh, PA 15230	To report an injury, obtain billing information or other inquiries: 1-855-396-8762 Fax: 412-667-7111 Email: WPACServiceAcct@upmc.edu
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**ALLEGHENY COUNTY WORKERS' COMPENSATION
RIGHTS AND RESPONSIBILITIES
EMPLOYEE NOTICE**

REMEMBER - IT IS IMPORTANT TO TELL YOUR SUPERVISOR
ABOUT YOUR INJURY IMMEDIATELY NO MATTER HOW MINOR YOU THINK IT MAY BE.

I, (print name) _____, understand that my employer has selected a list of at least six (6) health care providers, at least three (3) of which are physicians and no more than two (2) of which are coordinated care organizations (CCO). My employer has provided the name, address, telephone number and area of medical specialty of each designated provider on the list. This provider list is posted within my department, work site, and/or is available through my supervisor.

I understand I MUST immediately report an injury to my supervisor. If any injury requires medical treatment, I must contact my employer within twenty-four (24) hours of such treatment and inform him/her of the nature of my injury and the treating physician's diagnosis and treatment plan.

I also acknowledge that I have been presented with this written notice setting forth my rights and responsibilities under Section 306 (f.1)(l)(i) of the Pennsylvania Workers' Compensation Act. My rights and responsibilities include the following:

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 ninety (90) days from the date of the first visit to a designated provider.
2. As long as treatment is obtained from a designated provider, all reasonable and necessary medical supplies and treatment related to the injury will be paid by my employer.
3. 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 reasonable and necessary treatment causally related to my work injury/illness.
4. I have the right to seek emergency medical treatment from any provider, but I understand that subsequent non-emergency treatment must be rendered by a designated provider for the ninety (90) day period.
5. I have the right during the ninety (90) day period from initial treatment with a designated provider, to seek medical treatment from a non-designated provider but I understand that my employer is not responsible to pay for these services.
6. After the expiration of the ninety (90) day period from initial treatment with a designated provider, I have the right to seek treatment from any health care provider and my employer must pay for such treatment if it is reasonable, necessary, and causally related to my work injury/illness.
7. 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 and third-party administrator with 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 treatment rendered by the non-designated provider prior to notification.
8. I understand my bills will be paid IF the services provided are reasonable, necessary, and causally related to my work injury/illness, and my licensed physician or practitioner of the healing arts provides reports as stipulated. These reports must be filed with my employer or third-party administrator within ten (10) days after my first visit and at least once a month for as long as treatment continues.
9. If a designated provider recommends invasive surgery, I understand that I may obtain a second opinion from a non-panel provider. Should I elect to follow the treatment plan recommended by the non-panel provider, I understand that I must obtain that treatment from a panel provider for ninety (90) days from the date of the appointment with the non-panel provider.
10. I understand that if one of the panel providers refers me to another licensed specialist, my employer will pay the bill for these services if reasonable, necessary, and causally related to my work injury/illness.

As an employee of Allegheny County, I hereby acknowledge that I have been given the opportunity to review the Allegheny County Compensation Rights and Responsibilities and list of Designated Health Care Providers. My signature reflects my understanding of my medical treatment rights and duties with regard to work-related injuries and occupational illnesses.

Employee Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the PA Workers' Compensation Act and may also be subject to criminal and civil penalties through PA Act 165.

NOTICE: To be placed in Employee's Personnel File (Copy must be provided to Employee)



COUNTY OF ALLEGHENY

DEPARTMENT OF HUMAN RESOURCES

920 CITY-COUNTY BUILDING • 414 GRANT STREET
PITTSBURGH, PA 15219
PHONE (412) 350-6830 • FAX (412) 350-5230
WWW.ALLEGHENYCOUNTY.US

AUTHORIZATION FOR RELEASE OF RECORDS AND REPORTS

I, the undersigned, authorize any healthcare provider or facility, physician or nurse who has attended me, or any hospital at which I have been confined, to furnish to my Employer, the County of Allegheny, its representatives WorkPartners Business Management Services, the law firm of Rulis & Bochicchio, and any other County representative or designees, all available information concerning my physical or psychiatric condition and treatment, including examination and duplication of x-rays or other diagnostic films taken of me.

Medical records are defined by state regulation as all "clinical information pertaining to the patient which has been accumulated by the physician, either by himself or through his agents." This includes diagnostic test results, x-rays, physician notes, and any records from prior treating or consulting physicians.

Additionally, this authorization allows for release of all billing information for treatment related to my work injury, should such information be specifically requested.

This authorization also pertains to any vocational, employment, or educational information that may be needed in the management of my work-related claim and rehabilitation efforts.

A photocopy of this authorization is to be given the same force and effect as the original. This authorization shall be valid for the duration of my disability claim(s).

Signature: _____ Date: _____

Print Name: _____

Social Security Number: _____

Date of Birth: _____

ATTENTION MEDICAL RECORDS OFFICE:

RETURN MEDICAL REPORTS AND RECORDS TO:
WORKPARTNERS

P.O. Box 2971
PITTSBURGH, PA 15230
PHONE 1-855-396-8762 · FAX 412-667-7111



For Customer Service Call 866.446.2848
 Email info@keyscriptsllc.com
 Visit keyscriptsllc.com
 Fax 717.732.9467

Dear Injured Worker:

The attached KeyScripts Temporary Prescription Benefit Card will authorize you to obtain prescription medications related to your work injury, with no out-of-pocket expense, **but you must call to activate the card before taking it to the pharmacy.** The call takes only a few minutes. You will be asked for your name, date of birth, employer’s name and telephone number, and your date of injury, so please have this information available when you call.

CALL 866.446.2848 TO ACTIVATE YOUR CARD NOW
YOUR ACCOUNT NAME IS: ALLEGHENY COUNTY/UPMC

Print your name and Employee ID number (provided to you during card activation) in the spaces provided on the card. Your card will be immediately activated after your call, and you may then take it to your pharmacy to fill your work injury prescription(s). *NOTE: There may be limitations on how much of your prescription can be filled, based on your employer’s prescription benefit plan.*

Do not attempt to use the KeyScripts card to fill any prescription other than those related to your work injury. Avoid filling any work-injury prescription directly at the prescribing physician’s office, as most physicians do not accept prescription benefit cards similar to KeyScripts’ for billing purposes.

Please call KeyScripts customer service at 866.446.2848 with any questions regarding the use of your new card. From our robust national network of more than 70,000 pharmacies, you may visit your KeyScripts network pharmacy of choice – which includes all major retail pharmacies like CVS, Target, Walgreens, Walmart, Sam’s Club and Costco – as well as most supermarket chain and grocery store pharmacies. Need help finding your nearest KeyScripts network pharmacy? Call us at 866.446.2848.

Your KeyScripts Temporary Prescription Benefit Card contains important claims and customer service information for you and your pharmacist. After activation, present the card to your pharmacist when filling any prescription related to your work injury. You will receive a permanent card in the mail shortly.

	<p>For customer service, call 866.446.2848</p>	<p>To the Employee: Present this card to your KeyScripts Network Pharmacy of choice for any prescription drug related to your worker’s compensation injury. This card is for identification purposes only, and your pharmacist may require additional/photo identification at time of fill. Unauthorized or fraudulent use of this card is punishable by law. We reserve the right to revoke this card at any time.</p>
<p>Bin #: 009430 Group ID: UPMC0030</p>		<p>To the Pharmacy: Submit claims via the ProCare System only for the person for whom the prescription was written.</p>
<p>Employee Name: _____</p>		<p> 1267 Professional Parkway, Gainesville, GA 30507 Pharmacy Help Desk 1.800.699.3542</p>
<p>Employee ID: _____</p>		
<p>Workers’ Compensation Prescription Benefit Card</p>		

Workers' Compensation Information

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.

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.

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
651 Boas Street, 8th Floor
Harrisburg, PA 17121-0750
Telephone number within Pennsylvania: (800) 482-2383
Telephone number outside of PA Commonwealth: (717) 772-4447
TIY (800) 362-4228 (for hearing and speech impaired only)
www.state.pa.us,
PA Keyword: workers comp

Workpartners Workers' Compensation Contacts

Christine Shields – Medical Only Specialist III

shieldsc@workpartners.com

Phone: 412-667-7055

- Initial claim reporting and investigation
- Claims involving medical treatment without a wage loss

Lorene Jerome – WC Claims Supervisor

jeromelm@workpartners.com

Phone: 412-667-7057

- Claims involving Total Disability and/or Partial Wage Loss Benefits
- Litigated matters
 - Facilities
 - Health Department
 - Jail
 - Kane - McKeesport
 - Parks
 - Others as assigned

Elizabeth Crites – WC Team Lead

critesel@workpartners.com

Phone: 412-667-7059

- Claims involving Total Disability and/or Partial Wage Loss Benefits
- Litigated matters
 - 911 Administration
 - Kane – Glen Hazel, Ross, Scott Township
 - Law Department
 - Medical Examiner
 - Office of Court Records
 - Police/Building Guards
 - Public Works
 - Real Estate
 - Sheriff
 - Others as assigned

**Claim Reporting Number
1-855-396-8762**

**Fax Number
412-667-7111**

**Mailing Address
Workpartners
P.O. Box 2971
Pittsburgh, PA 15230**