Medical Health Care Provider
Referral Authorization and Employee Notification

City of Philadelphia
Office of the Director of Finance
Risk Management Division

PAYROLL NUMBER	DATE OF INJURY	BADGE NUMBER (*POLICE*)	EMPLOYEE NAME – *LAST*	*FIRST*	*M.I.*

DEPARTMENT	UNIT	SITE REFERRED TO	TIME OF INJURY	TIME LEFT JOB	TIME RETURNED TO JOB

DESCRIBE ACCIDENT/INJURY IN DETAIL

ISSUANCE OF REFERRAL FORM IS NOT DETERMINATION OF SERVICE CONNECTED DISABILITY

PREVIOUS EMERGENCY TREATMENT BY HOSPITAL OR DOCTOR IF ANY

NAME _____ ADDRESS _____

Failure to report for medical appointments and/or seeking treatment and care by a physician not approved by City of Philadelphia may result in loss of Civil Service Regulation 32 benefits, Heart and Lung Benefits and/or other benefits. Referral for treatment after initial referral or greater than 48 hours must be from Safety Office

Your Rights and Responsibilities Concerning Medical Treatment
Under the New Worker's Compensation Act 57
(Effective August 23, 1996)

This notice shall serve to advise you of your rights and responsibilities under the Pennsylvania Workers' Compensation Act. *(Please note that this does not change the requirement that employees **MUST** continue to treat exclusively with network physicians as one of the conditions of receiving Regulation 32 benefits and/or Heart and Lung Benefits).* Employees electing to be covered by Workers' Compensation benefits instead of Heart and Lung or Regulation 32 benefits should follow the medical treatment notification rights and responsibilities outlined below.

If you sustain a work-related injury requiring medical treatment, you are required to first treat with a doctor who is on a City posted panel of network medical health care providers. These listings are posted at your work location. If you cannot locate a panel at our work site, your supervisor or Safety Officer can provide you one upon request. You must treat with one of the providers on the list for ninety (90) days from the first visit. If invasive surgery is recommended by the designated panel medical provider, then you are permitted a second opinion by a physician of your choice and the City is required to pay for this. If the second opinion differs from the first opinion, you have the right to determine which course of treatment you wish to follow, provided that the second opinion provides a specific and detailed course of treatment. If you choose to follow the procedures recommended by the second opinion medical provider, such procedures shall be performed by one of the physicians or health care providers so designated by the City for a period of ninety (90) days from the date of the second opinion visit. Second opinion providers may not provide treatment until 90 days have elapsed from the visit to the physician or other healthcare provider of your choice. Treatment with your panel network medical care provider in violation of the above may result in denial of payment for those services rendered which were in violation. After ninety (90) days of treatment by a valid panel health care provider, an employee may choose to treat with any physician or health care provider of their choice. You must notify your employer of your choice of provider within 5 days of the first visit. Failure to notify the employer may result in non-payment of those medical bills until proper notice is given.

The name of the City Third Party Administrator is CompServices, Inc., P.O. Box 58579, Philadelphia, PA 19102.
Their phone number is (866) 463-2524

Employee was provided with a copy of this notice and was explained its contents.

EMPLOYEE *(SIGNATURE)*	TELEPHONE NUMBER (*WORK)*	DATE
SUPERVISOR OR SAFETY OFFICER *(SIGNATURE)*	TELEPHONE NUMBER (*WORK)*	DATE