

New Hope-Solebury School District
Effective Date: July 1, 2023 – June 30, 2024
NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable and necessary surgical and medical services and supplies, orthopedic appliances and prosthesis, including training for their use. First, you **MUST** report the injury to your supervisor who will provide you with an SDIC claim reporting packet. Please contact your district Workers Compensation Coordinator:

April Borgeson - Director of Human Resources 215-862-5372 x 3296 OR
David Francella - Chief Operating Officer 215-862-5372 x 3226
2. Next, please call SDIC @ (800) 445-6965 or report your claim online at www.sdicwc.org (click the "Report a Claim" button). When you call SDIC with your report of injury, you will be assigned a claim number for use when seeing a panel physician. Please contact your designated claims adjuster for all inquiries.
3. To ensure that reasonable and necessary medical treatment will be paid by your employer or the insurance company, you **must** treat with one of the health care providers listed in the panel below for the first ninety (90) days from the date of first treatment.
4. If a panel provider below refers you to another licensed specialist, your employer or their insurer will pay for the reasonable and necessary services.
5. If you still need treatment after the initial ninety (90) day period, and your employer has provided the list as set forth below, you may choose to go to another health care provider for treatment. You must notify your employer of this action within five (5) days of your visit to said provider.
6. If a panel physician 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 listed panel physicians for the first ninety (90) days.
7. 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 panel provider listed below.
8. The Commonwealth has no direct jurisdiction over out of state providers under PA Workers' Compensation Act. Treatment with out of state providers may result in you being billed for excess amounts over the PA Act 44 Fee Schedule. Your insurance company is not responsible for any fees over and above the fee schedule. If you prefer to seek treatment with an out of state provider, you should discuss this possibility with your provider prior to initiating treatment.
9. If you require a prescription for your work-related injury or disease, **do not use your personal health plan prescription card**. Please use the Mitchell International First Fill sheet provided in the claim package.

Name	Address	Scheduling	Area of Specialty
Patient First	713 Bethlehem Pike Montgomeryville, PA 18936	267-695-3944	Occupational Medicine
Concentra Medical Centers	1800 Byberry Rd Ste 705 Huntingdon Valley, PA 19006	215-947-5005	Occupational Medicine
Tower Health Urgent Care	1745 S Easton Rd Doylestown, PA 18901	267-880-4200	Urgent Care
Village at Newtown Medical Center	11 Friends Lane Ste 101 Newton, PA 18940	215-579-1300	Family Practice
Doylestown Family Medicine	300 Spruce St Doylestown, PA 18901	215-230-7800	Family Practice
Upper Bucks Orthopaedic at Grand View Health	915 Lawn Avenue Sellersville Outpatient Center Sellersville, PA 18960	215-257-3700	Orthopedics
Bucks County Orthopedics	800 W State Street Ste 201 Doylestown, PA 18901	215-918-7845	Orthopedics
Rothman Orthopaedics	593 W State Street Doylestown, PA 18901	267-339-3776	Orthopedics
Matossian Eye Associates	501 Hyde Park Doylestown, PA 18902	215-230-9200	Ophthalmology
One Call® PT Network	Call Toll Free for Closest Location	1-855-629-6226	Physical Therapy
NovaCare Rehabilitation	Call Toll Free for Closest Location	1-866-723-NOVA	Physical Therapy
One Call® Chiropractic Network	Call Toll Free for Closest Location	1-855-629-6226	Chiropractic
One Call® Diagnostic Network	Call Toll Free for Closest Location	1-855-629-6226	Diagnostics
One Call® DME/Home Health Network	Call Toll Free for Closest Location	1-855-629-6226	DME/Home Health
One Call® Dental Network	Call Toll Free for Closest Location	1-855-629-6226	Dental



2023-2024

All workers' compensation claims will be processed on behalf of the School District by:

SCHOOL DISTRICTS INSURANCE CONSORTIUM

P.O. BOX 1249 NORTH WALES, PA 19454

Phone: (800) 445-6965

ACKNOWLEDGMENT: I have been informed of and understand my rights and duties as specified herein.

Signature: _____ Date: _____

Please Print Name: _____

*At time of distribution, this information is accurate to the best of our knowledge. This panel is subject to change based on information received from the medical provider.

Please return this completed form to your district Workers' Compensation Coordinator.