



IMPORTANT NOTICE

This Notice shall service to advise you of your rights and responsibilities under the Pennsylvania Workers' Compensation Act.

If you sustain a work-related injury requiring medical treatment, you are required to first treat with a doctor who is on a list of six (6) providers identified below. You are required to treat with that provider for ninety (90) days from the first visit. However, if invasive surgery is recommended by the designated physician, then you are allowed a second opinion by a physician of your choice. If the second opinion differs from the first, you have the right to determine which course of treatment to follow, provided that the second opinion provides a specific and detailed course of treatment. If you choose 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 second opinion visit. Treatment with your own medical provider in violation of the above may result in your medical bills being unpaid for the prescribed period. Upon expiration of the prescribed period, if you select a medical provider not on the panel below, you must notify your employer of your choice of providers within five (5) days of the first visit or risk non-payment of those medical bills until proper notice is given. Your employer's approved providers are:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

The name of your employer's insurance carrier is:

The Hartford
P.O. Box 4771
Syracuse, NY 13221
1-877-469-9222

Please sign where indicated to verify that you understand the rights and responsibility outlined in this Notice.

I, _____,
have read the above and understand the rights
and responsibilities explained to me therein.

Signature of Employee/Date

Witness/Date