

**NOTICE TO ALL EMPLOYEES**

IN THE EVENT OF A WORK INJURY, TELL YOUR SUPERVISOR  
If you are injured while at work, your employer has arranged for payment of your medical care with

***MANSFIELD UNIVERSITY OF PA/SSHE/INSERVCO***

It is your responsibility to immediately report the injury to your supervisor.

IN CASE OF A WORK-RELATED INJURY OR DISEASE

Rev 12/17/08

IN ACCORDANCE WITH THE PENNSYLVANIA WORKERS' COMPENSATION ACT,  
YOU MUST CHOOSE A MEDICAL PROVIDER FROM THE LIST BELOW:

If you suffer a work-related injury or disease, your employer or its insurance company will pay for reasonable surgical and medical services, medication, supplies, orthopedic appliances and prostheses, including training in their use.

In order to ensure that your medical treatment will be paid for by your employer or its insurance company, you must select from one of the licensed physicians or practitioners of the healing arts listed below:

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**Family Practice**

*Mansfield Health Center*  
40 W. Wellsboro Street, Mansfield, PA 16933  
(570) 662-2002

*Guthrie Mansfield*

63 S. Main Street, Mansfield, PA 16933  
(570) 662-7766

**Orthopedics**

*Dean T. Fochios, M.D.*  
*Donald Golobek, D.O.*  
9 Water Street, Wellsboro, PA 16901  
(570) 724-2325

**Optometry**

*Strohecker Vision Care, Inc.*  
8 S. Main Street, Mansfield, PA 16933  
(570) 662-3891

**Ophthalmology**

*Grady D. Gafford, M.D., P.C.*  
15 Meade Street, Wellsboro, PA 16901  
(570) 724-2131

**Surgery**

*Bradley Mudge, D.O.*  
1 Main Street, Wellsboro, PA 16901  
(570) 723-0761

**Chiropractic**

*George Koury, D.C.*  
231 E. Main Street, Mansfield, PA 16933  
(570) 662-7540

*Woodworth Chiro Clinic*

2199 N. Williamson Road, Covington, PA 16917  
(570) 659-5811

**Physical Therapy**

*Phoenix Rehab Health Services, Inc.*  
127 N. Main Street, Mansfield, PA 16933  
(570) 662-2317

*Elite Therapy*

285 South Main Street, Mansfield, PA 16933  
(570) 662-1400

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That the employee has the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.

That the employee has the right to have all reasonable medical supplies and treatment related to the injury paid for by the employer as long as the treatment is obtained from a designated provider during the 90-day period.

That the employee has the right, during this 90-day period, to switch from one health care provider on the list to another provider on the list, and that all the treatment shall be paid for by the employer.

That the employee has the right to seek treatment from a referral provider if the employee is referred to him by a designated provider, and the employer shall pay for the treatment rendered by the referral provider.

That the employee has the right to seek emergency medical treatment from any provider, but that subsequent nonemergency treatment shall be by a designated provider for the remainder of the 90-day period.

That the employee has the right to seek treatment or medical consultation from a nondesignated provider during the 90-day period, but that these services shall be at the employee's expense for the applicable 90 days.

That the employee has the right to seek treatment from any health care provider after the 90-day period has ended, and that treatment shall be paid for by the employer, if it is reasonable and necessary.

That the employee has the duty to notify the employer of treatment by a nondesignated provider within 5 days of the first visit to that provider. The employer may not be required to pay for treatment rendered by a nondesignated provider prior to receiving this notification. However, the employer shall pay for these services once notified, unless the treatment is found to be unreasonable by a URO, under Subchapter C.