

**TEMPLE UNIVERSITY  
EMPLOYEE RIGHTS AND RESPONSIBILITIES  
UNDER THE PENNSYLVANIA COMPENSATION ACT  
AMENDED EFFECTIVE AUGUST 23, 1996**

If you are injured while working, you are required to report your injury to your supervisor immediately, even if you do not require medical treatment. You will be asked to complete an incident report form outlining the specifics of the incident in which you were involved.

If you require medical treatment, you must visit one of the Posted Health Care Providers for 90 days from the date of your first visit. These Health Care Providers are listed on the **Posted Panel of Health Care Providers** located at the Human Resources office and Occupational Health Services. The panel can also be accessed on the web at [www.temple.edu/hr/PANEL~1.HTM](http://www.temple.edu/hr/PANEL~1.HTM). Referrals to non-panel Health Care Providers prescribed by a panel Health Care Provider will be covered. However, other treatment or services provided by non-panel Health Care Providers may not be paid by Temple; therefore, you should consult with the Workers' Compensation Department at 215-926-2286 before unauthorized services are rendered.

If you require immediate emergency care, you are permitted to seek treatment from the closest Health Care Provider. However, follow-up care and visits must be done by a panel Health Care Provider for the first 90 days. Non-emergency treatment outside the panel will not be paid by Temple University.

If during the 90-day period you wish to change Health Care Providers, you may do so provided you visit another panel Health Care Provider. If you choose to change Health Care Providers after the 90-day period, it is your duty to send notification within five days of treatment to Temple University's Workers' Compensation Department, TASB (083-39), 1852 N. 10<sup>th</sup> Street, Philadelphia, PA 19122. Failure to provide such notification may relieve Temple of the responsibility for the payment of services rendered if such services are determined to have been unreasonable or unnecessary.

Both panel and non-panel Health Care Providers are required to accept payments for services as indicated by the Act. You will not be responsible for payment for any charges in excess of those calculated under the Act; unless your treatments are unrelated to your work injury or you fail to follow proper protocol.

You are entitled to a second opinion by a physician of your choice for any surgical procedures recommended by a panel Health Care Provider. However, if you elect to follow the recommendations of the second opinion Health Care Provider, you must receive services from a panel Health Care Provider for an additional 90 days.

You are required to notify Temple University's Workers' Compensation Department, TASB (083-39), 1852 N. 10<sup>th</sup> Street, Philadelphia, PA 19122, in writing, within thirty days of any change in earnings (wages, social security, severance pay, pension pay, unemployment, disability pay or any other income) and/or physical condition. Failure to do so could be punishable under the fraud provision of the Pennsylvania Compensation Act.

The Act defines a fraud offense as occurring if an employee, attorney, etc. knowingly, and with the intent to defraud, files a false or misleading document, statement or claim. The penalty for fraud may be as high as a conviction of a third degree felon carrying a fine of not more than \$50,000 or double the value of the fraud, and/or imprisonment for a period of not more than seven (7) years.

Your signature on this form indicates that you understand your rights and duties under the above provisions of the Workers' Compensation Act; and, that this notice was presented to you at (check one):

TIME OF HIRE     COMPLETION OF INCIDENT REPORT     INSERVICE     OTHER \_\_\_\_\_

I hereby acknowledge that I have been informed of, and understand my rights and duties under the Workers' Compensation Act.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ TUID \_\_\_\_\_

**Note:** The reverse side contains the requirements that an employer must meet to have a valid list of at least six (6) Providers. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any Health Care Provider of your choice.

**REMEMBER, IT IS IMPORTANT TO TELL YOUR SUPERVISOR OR DEPARTMENT HEAD ABOUT ALL INJURIES.**