IN ACCORDANCE WITH THE PENNSYLVANIA WORKERS’ COMPENSATION ACT, YOUR EMPLOYER, FRANKLIN & MARSHALL COLLEGE, IS PROVIDING THE FOLLOWING PANEL OF PHYSICIANS TO TREAT INJURED WORKERS. YOUR EMPLOYER’S THIRD PARTY ADMINISTRATOR (TPA) IS:

SISCO/RCM&D
Self-Insured Services Company, Inc.
P.O. Box 42737 Baltimore, MD 21284 1-866-288-9290

IN CASE OF WORK-RELATED INJURY

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

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

<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th>PROVIDER NAME &amp; ADDRESS</th>
<th>LOCATION</th>
<th>PHONE</th>
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<tbody>
<tr>
<td>Occupational</td>
<td>WorkNet</td>
<td>241 Rohrerstown Rd., 2nd Floor, Suite 200, Lancaster, PA</td>
<td>(717) 431-1770</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>Orthopedic Associates Of Lancaster</td>
<td>170 North Pointe Blvd. Lancaster, PA (OR) 212 Willow Valley Lakes Dr., Suite 201 Willow Street, PA</td>
<td>(717) 391-2496 (717) 517-5043</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>Lancaster Neuroscience &amp; Spine Associates</td>
<td>1671 Crooked Oak Dr., Lancaster, PA</td>
<td>(717) 569-5331</td>
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<tr>
<td>Ophthalmology</td>
<td>Manning &amp; Rommel Associates *Practice offers after-hours on-call service for weekends and evenings</td>
<td>2115 Noll Drive, Lancaster, PA</td>
<td>(717) 393-7980</td>
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<tr>
<td>Chiropractor</td>
<td>Wenger Chiropractic Group</td>
<td>1516 Lititz Pike, Lancaster, PA</td>
<td>(717) 397-5810</td>
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<tr>
<td>Physical Therapy</td>
<td>NovaCare</td>
<td>327 N. Duke St., Lancaster, PA or 1800 Village Circle, Lancaster, PA 17603</td>
<td>(717) 397-7505 (717) 399-7032</td>
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</table>

3. You must continue to visit one of these persons listed above, if you need treatment, for ninety (90) days from the date of your first visit.

4. After this ninety (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another licensed physician or practitioner of the healing arts for treatment. Your bills will be paid for IF:
   a. You notify your employer in writing of this action or choice within five (5) days of your visit.
b. Your licensed physician or practitioner of the healing arts files reports as required. These reports must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.

5. If no list is provided as above (No. 2), you may go to a licensed physician or practitioner of the healing arts of your choice.

6. If one of the persons listed above refers you to another licensed specialist, your employer or his insurer will pay the bill for these services.

7. If a listed provider prescribes surgery for you, you have the right to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the right to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.

8. If you are faced with a medical emergency, you may secure assistance from a hospital or physician or practitioner of the healing arts of your choice. Following the emergency, you must see one of the health care providers listed in order for medical expenses to be covered.

ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED IMMEDIATELY TO A MANAGER. REMEMBER, IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY. YOUR BENEFITS COULD BE DELAYED OR DENIED IF YOU DO NOT NOTIFY YOUR EMPLOYER IMMEDIATELY.

If your employer denies your claim, you have the right to request a hearing before a Workers’ Compensation Judge.

The Bureau of Workers’ Compensation cannot provide legal advice. However, you may contact the Bureau of Workers’ Compensation for additional general information at:

Bureau of Workers’ Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501
Telephone No. within Pennsylvania: 800-482-2383
Telephone No. outside of the Commonwealth: 717-772-4447
TTY-800-362-4228 (for hearing and speech impaired only);
www.state.pa.us, Pa keyword: workers’ comp

Please note: Medical bills for a work-related injury or illness must be submitted directly by the medical care provider to the College’s Worker’s Compensation third party administrator: SISCO, P. O. Box 42737, Baltimore, MD 21284

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT:

☐Time of Hire  ☐When I was injured  ☐Other

____________________________  ____________________
Employee’s Signature Date

____________________________  ____________________
Employer’s Signature Date