

**Workers' Compensation Program: Designated Health Care Providers**

**The following procedures must be followed in case of work related injury or illness:**

**A. Immediately report the injury to your supervisor.**

Any injury you sustain at work must be reported immediately to your supervisor. Failure to do so may delay your benefits or cause you to lose your rights to benefits. Supervisors must promptly report injuries to the appropriate personnel office.

**B. Obtain medical care from a provider listed below.**

PROVIDER	ADDRESS	PHONE NUMBER	SPECIALITY
Tower Health Urgent Care	278 Eagleview Blvd, Exton, PA 19341	610-561-6320	Urgent Care Clinic
Concentra	625 North Pottstown Pike, Exton PA 19341	610-903-0640	Occupational Medicine
Penn Medicine	Multiple locations: To make an appointment, please call toll free	800-789-7366	General Surgery
Rothman Orthopedic Institute	Multiple locations: To make an appointment, please call toll free	800-321-9999	Orthopedic Surgery
Philadelphia Hand To Shoulder Center	Multiple locations: To make an appointment, please call toll free	800-385-7472	Orthopedic Surgery (Hand Surgery)
Cadence Rx	Multiple locations: To make an appointment, please call toll free	888-813-0023	PHARMACY
One Call Physical Therapy	Multiple locations: To make an appointment, please call toll free	866-389-0211	PHYSICAL THERAPY/CHIROPRACTIC
One Call Care Management	Multiple locations: To make an appointment, please call toll free	800-872-2875	RADIOLOGY

**C. Medical Emergency:**

If you are faced with a medical emergency, you may secure initial emergency treatment from any of the above mentioned emergency facilities or any other emergency facility. However, any follow-up care to the emergency treatment must be with a designated health care provider.

**D. If you choose to treat with an out of state provider, you may be subject to balance billing.**

**E. For medical treatment to be paid by your employer:**

1. You must select one of the physicians or physician groups listed above.
2. You must continue to visit one of the physicians listed above or any specialist to which that provider refers you, if you need treatment, for Ninety (90) days from the date of your first visit. This requirement is in conformance with the Pennsylvania Workers' Compensation Act, Section 306 (F) (1) (i).
3. After Ninety (90) days, if you still need treatment, you may continue with the same physician or you may choose to go to another physician or health care provider for treatment. If you decide to go to another provider, you must notify your employer of this action within five (5) days of your visit.
4. Your bills will be paid if your physician or healthcare provider reports as required (within ten days after your first visit and at least once a month as long as treatment continues). You must notify the new provider that these reports are to be submitted to the following address:

**Zenith Insurance Company - ZNAT Insurance Company:**

PO Box 1558 Sarasota, FL 34230

877-311-0703

**\*For medical groups, all providers are eligible to render medical services.**