

**PENN CAMBRIA SCHOOL DISTRICT**  
**WORKERS COMPENSATION PACKET**  
**COVERAGE PROVIDED BY EASTERN ALLIANCE INSURANCE COMPANY**  
**EFFECTIVE JULY 1, 2014**

- Accident Investigation Form – shall be completed by Building Principal, or Supervisor with copy provided to Building Principal.
- Claim Reporting Worksheet
- Physician Panel (revised April 2023)
- Employee Acknowledgement of Rights & Duties (Workers' Compensation Information)

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Created 08/18/2014  
Modified 11/07/2016  
Modified 03/31/2017  
Modified 03/14/2022  
Modified 02/06/2024

**Penn Cambria School District  
Accident Investigation Form**

*NOTE: This form shall be completed by Building Principal  
or Supervisor, with copy provided to Building Principal.*

Employee Name \_\_\_\_\_ Building \_\_\_\_\_

Date and time of injury \_\_\_/\_\_\_/\_\_\_ Normal starting time:  
\_\_\_\_\_:\_\_\_\_ AM or PM (circle one) \_\_\_\_\_:\_\_\_\_ AM or PM (circle one)

Where did the accident/injury occur? (e.g., room #, room identifier, parking lot, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the injury sustained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any materials, item or equipment being used at the time of the accident/injury.  
\_\_\_\_\_  
\_\_\_\_\_

Were all safety devices in use at the time of the accident/injury? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did the accident/injury occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can this accident/injury be prevented from happening again?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide names and contact information of all witnesses to the accident/injury.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form completed by (must be Building Principal or Supervisor) \_\_\_\_\_ / \_\_\_/\_\_\_  
Today's Date

**Eastern Alliance Insurance Group Claim Reporting Worksheet**  
**Report 24/7 through Teleclaim: 1.800.336.3658 or online: [www.EasternAlliance.com](http://www.EasternAlliance.com)**  
**DO NOT FAX OR EMAIL THIS FORM TO US (FOR INFORMATION GATHERING PURPOSES ONLY)**

**Injury Information**

\*Date of loss/injury: \_\_\_\_\_ \*Jurisdiction/State Injured Worker was hired : Pennsylvania

Time of Injury \_\_\_\_\_

**Injured Worker-Personal/Wage Information**

\*Injured Worker's name: \_\_\_\_\_

\*\*Birth date: \_\_\_/\_\_\_/\_\_\_ \*\*Injured Worker's Social Security Number: \_\_\_-\_\_\_-\_\_\_

\*\*Injured Worker's mailing address: \_\_\_\_\_

\*\*Hire date: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_ Marital status: \_\_\_\_\_ Primary Language \_\_\_\_\_

Job Title: \_\_\_\_\_

Employee Status (Full-time/Part-time) \_\_\_\_\_

Injured Worker's phone # with area code: (\_\_\_\_) \_\_\_\_\_

Injured Worker's Email \_\_\_\_\_ # of dependents: \_\_\_\_\_

\*\*Days Worked Per Week \_\_\_\_\_ \*\*Hours Worked Per Day \_\_\_\_\_

\*\*Full Wages Paid for Date of Injury? (Yes/No/Unknown) \_\_\_\_\_ Did Salary continue? \_\_\_\_\_

\*Location where injured worker reports to/works : \_\_\_\_\_

\*Class Code: \_\_\_\_\_

Department (location code): \_\_\_\_\_ Sub Department \_\_\_\_\_

**Occurrence -Accident Information**

Last Day Worked: \_\_\_/\_\_\_/\_\_\_ Employer first knowledge of Injury Date \_\_\_/\_\_\_/\_\_\_

Claim Administrator First Knowledge of Injury Date \_\_\_/\_\_\_/\_\_\_

Initial Date Disability Began \_\_\_/\_\_\_/\_\_\_ Employer Knowledge of Disability Date \_\_\_/\_\_\_/\_\_\_

Preexisting Disability? Y/N

\*Nature of Injury: \_\_\_\_\_

\*Part of Body Injured: \_\_\_\_\_

Part Injured Location (L/R/Bilateral): \_\_\_\_\_ Finger/Toe: \_\_\_\_\_

Address where accident occurred: \_\_\_\_\_

Accident Site Narrative (any additional information): \_\_\_\_\_

\*Accident/Injury Description: \_\_\_\_\_

\*Cause of Injury (drop-down online): \_\_\_\_\_

Injury Severity (drop-down online): \_\_\_\_\_

\*\*Initial Return to Work Date: \_\_\_\_\_

Initial Return to Work Type: \_\_\_\_\_

Initial Return to Work Physical Restriction (Y/N): \_\_\_\_\_

Restrictions: \_\_\_\_\_

Initial Date of Lost Time: \_\_\_\_\_ Date of Death: \_\_\_\_\_

\*Death Result of Injury (Y/N): \_\_\_\_\_

\*Accident Result on Employer Premises (Employer/Lessee/Other): \_\_\_\_\_

Describe the events that caused the injury: \_\_\_\_\_

Object that directly injured the employee: \_\_\_\_\_

Activity the employee was engaged in when event occurred: \_\_\_\_\_

Additional comments about accident: \_\_\_\_\_

Witness Name and phone number (up to 3): \_\_\_\_\_

Supervisor Name and phone number: \_\_\_\_\_

**Treatment Information**

Provider: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

\*Initial Treatment (drop down online): \_\_\_\_\_

Follow-Up Treatment: \_\_\_\_\_

Was Panel Provided (Y/N)? \_\_\_\_\_

Hospital Address: \_\_\_\_\_

**Contact Information**

Preparer Name and email: \_\_\_\_\_

Preparer Work Phone: \_\_\_\_\_ \*Is Preparer the contact (Y/N): No

Contact Name: Beth Fulton

Contact Phone: 814-886-8121 x1008 Contact Email: FultonBA@pcam.org

Contact Title: Payroll & Employee Benefits Specialist

Insured Comments: \_\_\_\_\_

**Penn Cambria School District - Cresson (16630)**  
**(4/17/2023)**  
**NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES**

Eastern Alliance Insurance Group  
 PO Box 83777  
 Lancaster, PA 17608-3777  
 (717) 396-7095  
 (855) 533-3444

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers:
3. You must continue to visit one of the physicians listed below, if you need treatment, for ninety (90) days from the date of your first visit.
4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
6. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer designated provider for up to 180 days.
7. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work-related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

**PLEASE CALL EASTERN ALLIANCE'S SCHEDULING SERVICES TOLL FREE AT  
 1-855-572-3926 FOR ASSISTANCE IN SCHEDULING PHYSICAL/OCCUPATIONAL  
 THERAPY OR CHIROPRACTIC REHABILITATION OR SEND THE REFERRAL FORM TO  
[easternreferrals@medrisknet.com](mailto:easternreferrals@medrisknet.com)**

<u>Name</u>	<u>Address</u>	<u>Scheduling</u>	<u>Area of Specialty</u>
MedExpress Urgent Care - Altoona	300 E Plank Rd Altoona, PA 16602	814-946-3801	Occupational Medicine
MedExpress Urgent Care - Johnstown	1221 Scalp Ave Johnstown, PA 15904	814-266-1138	Occupational Medicine
University Orthopedics Center	3000 Fairway Drive Altoona, PA 16602	814-231-2101	Orthopedics
Irmc Orthopaedics	374 Theatre Drive Johnstown, PA 15904	814-535-6521	Orthopedics
UPMC Altoona Elite Orthopaedics	800 S Logan Blvd Ste 2200 Hollidaysburg, PA 16648	814-889-3600	Orthopedics
Allegheny Brain and Spine Surgeons	501 Howard Ave Ste E1 Altoona, PA 16601	814-946-9150	Neurosurgery
Laurel Eye Clinic LLP	176 Vision Dr Duncansville, PA 16635	814-949-8808	Ophthalmology
Ophthalmic Associates	120 Main St Johnstown, PA 15901	814-536-5343	Ophthalmology
KeyScripts	Call Toll Free for Closest Location	1-866-446-2848	Pharmacy
KeyScripts	Call Toll Free for Closest Location	1-866-446-2848	Durable Medical Equipment
MedRisk	Call Toll Free for Scheduling	1-855-572-3926	Physical and Occupational Therapy Chiropractic Care
One Call Care Management	Call Toll Free for Closest Location	1-800-872-2875	MRI
Carlisle Medical, Inc.	Call Toll Free for Closest Location	1-800-553-1783	Durable Medical Equipment

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(4/17/2023)  
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<u>Name</u>	<u>Address</u>	<u>Scheduling</u>	<u>Area of Specialty</u>
Homelink	Call Toll Free for Closest Location	1-800-571-2943	Durable Medical Equipment

The Pennsylvania Bureau of Workers' Compensation requires that the following information be provided to every employee at the time of hire and immediately after the injury, or as soon thereafter as possible under the circumstances of the injury. If the employee's injuries are so severe that emergency care is required, the information shall be given as soon after the occurrence of the injury as is practicable. The information must be printed on paper no smaller than 8 1/2 × 11 inches and in font no smaller than 11 point.

## **Workers' Compensation Information**

- (1) The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.
- (2) Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.
- (3) You should report immediately any injury or work related illness to your employer.
- (4) Your benefits could be delayed or denied if you do not notify your employer immediately.
- (5) If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.
- (6) 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 number within Pennsylvania: (800) 482-2383  
Telephone number outside of this Commonwealth: (717) 772-4447  
TTY (800) 362-4228 (for hearing and speech impaired only)  
[www.state.pa.us](http://www.state.pa.us), PA Keyword: workers comp.