

PENNSBURY SCHOOL DISTRICT

WHAT TO DO IN CASE OF A WORK-RELATED INJURY

EFFECTIVE JULY 1, 2022 THROUGH JUNE 30, 2023

If you suffer a work-related injury, your health and wellbeing are our first concern. If the injury is of a serious nature and requires the assistance of an ambulance or rescue personnel, they should be contacted immediately. If the injury is of a less serious nature, the following procedures must be followed:

1. If you suffer a work-related injury, the first thing you **MUST** do is report the injury to your supervisor. S/he or a designated person in your building will provide you with an SDIC packet, and your first step is to call SDIC @ (800) 445-6965 or go online at sdicwc.org (click the "Report a Claim" button). You must also call **Robin Peters, Supervisor of Human Resources @ (215) 428-4100 ext. 10006**.
2. If you require a prescription for your work-related injury or disease, do not use your personal health plan prescription card. Please use the Mitchell International First Fill Sheet which you will receive in the claim package. When you call in your report of injury to SDIC, they will assign you a claim number. Please use this claim number when seeing a panel physician.
3. If you suffer a work-related injury, **PENNSBURY SCHOOL DISTRICT** or our insurer will pay reasonable surgical and medical services and supplies, orthopedic appliances and prosthetics, including training in their use when needed. In order to ensure that your medical treatment will be paid for by **Pennsbury School District** or our insurer, **you must select from one of the health-care providers listed below for your initial care:**

Tower Health Urgent Care (multiple locations)
8919 New Falls Road
Levittown, PA 19054
(267) 580-4200
Area of Specialty: Urgent Care

Patient First (multiple locations)
75 E. Street Road
Feasterville-Treose, PA 19053
(267) 684-1047
Area of Specialty: Urgent Care

Total Eye Care Centers
1568 Woodbourne Road
Levittown, PA 19057
(215) 943-7800
Area of Specialty: Ophthalmology

WORKNET
360 North Oxford Valley Road
Langhorne, PA 190473
(215) 943-9000
Area of Specialty: Occupational Medicine

Dental
One Call Care Management:
(888) 539-0577

Rothman Institute (multiple locations)
3300 Tillman Drive; 2nd Floor
Bensalem, PA 19020
800-321-9999
Area of Specialty: Orthopedics

For Physical Therapy
NovaCare Rehabilitation
(866) 723-NOVA
-or-
One Call Care Management
(866) 389-0211

John T. Irwin, MD
680 Heacock Road; Suite 201
Yardley, PA 19067
(215) 321-9520
Area of Specialty: Orthopedics

For Prescriptions
Please use your Mitchell International card at your local pharmacy to bill SDIC directly.
(Giant, Rite Aid, Wal-Mart, Walgreens)

For MRI/EMG/X-Ray/CT Scan
One Call Care Management
(800) 453-0574
-or-
Apricus (Formerly PCS)
(866) 932-5779

For Durable Medical Equipment
One Call Care Management
(800) 848-1989
-or-
Apricus (Formerly PCS)
(866) 932-5779
(walkers, TENs units, orthotics, etc.)

4. Please call in advance for an appointment if you need treatment. You must continue to treat with one of these providers for ninety (**90 days**) from the date of your first visit.
5. If, after this ninety (90) day period, you still need treatment and the **Pennsbury School District** has provided this list as set forth above, you may choose to continue with this health care provider, or you may choose another provider. You must notify **Robin Peters, Supervisor of Human Resources** of this action within five (5) days of your first visit to the health care provider of your choice. Your bills will be paid if you have provided proper notice and if your provider 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.)
6. If one of the health care providers listed above refers you to a specialist, the **Pennsbury School District** or our insurer will pay for these services as provided by law.

All workers' compensation claims will be processed on behalf of the School District by:

SCHOOL DISTRICTS INSURANCE CONSORTIUM

P.O. BOX 1249

NORTH WALES, PA 19454

Phone: (800) 445-6965

ACKNOWLEDGMENT: I have been informed of and understand my rights and duties as specified herein.

Signature: _____ Date: _____

Please Print Name: _____

*** At time of distribution, this information is accurate to the best of our knowledge. This panel is subject to change based on information received from the medical provider.**