



## **STAFF MEMBER'S ACKNOWLEDGEMENT**

### **UNDER SECTION 306 (f)(1)(I)**

I recognize and agree that my employer has provided a list of at least 6 designated health care providers, no more than 2 whom are coordinated care organizations and no less than 3 whom are physicians. Therefore, I acknowledge that I must be treated by 1 of these health care providers for 90 days from the date of my first visit. If I fail to be treated by 1 of these designated health care providers, I understand that my employer will not be liable for the payment for services rendered during this 90 period. Subsequent treatment may be provided by any health care provider of my choice. However I must advise my employer within 5 days of my first visit to each and every non-designated health care provider. Failure to do so may effect whether my employer is liable for payment for services rendered prior to appropriate notice.

My employer has informed me of my rights and duties, and my signature acknowledges that I have been so informed and that I understand my rights and duties.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Employer's Name: UPMC

The Health Care Provider Panel Database, located on Infonet, allows employees to choose from a geographic listing of approved providers who facilitate treatment for a work-related injury or illness within the first 90 days. Each department also has a posted list of Panel Providers and the employee rights and responsibilities under the PA Workers' Compensation Act.