KUTZTOWN AREA SCHOOL DISTRICT
WHAT TO DO IN CASE OF A WORK-RELATED INJURY
EFFECTIVE JULY 1, 2020 THROUGH JUNE 30, 2021

If you suffer a work-related injury, your health and well-being 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. An SDIC packet will be provided to you, and you must call SDIC @ (800) 445-6965 ext. 2101 or go online at sdicwc.org (click the “Report a Claim” button). You must also call Tammy Miller, Payroll Coordinator @ (484) 641-5527 to report your injury.

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, KUTZTOWN AREA 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 Kutztown Area School District or our insurer, you must select from one of the health-care providers listed below for your initial care:

   Patient First (multiple locations)
   2600 Paper Mill Road
   Wyomissing, PA 19610
   (484) 220-0051
   **Area of Specialty: Occupational Medicine**

   WORKNET
   3225 North 5th Street Highway
   Reading, PA 19605
   (610) 939-2391
   **Area of Specialty: Occupational Medicine**

   Lehigh Valley Physicians Group
   Family Medicine - Kutztown
   333 Normal Avenue
   Kutztown, PA 19530
   (610) 683-8363
   **Area of Specialty: Family Medicine**

   Commonwealth Orthopaedic Associates
   11 Fairlane Road
   Reading, PA 19606
   (610) 779-2663
   **Area of Specialty: Orthopedics**

   Berks Eye Physicians & Surgeons
   1802 Paper Mill Road
   Wyomissing, PA 19610
   (610) 372-0712
   **Area of Specialty: Ophthalmology**

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

   **For MRI/EMG/X-Ray/CT Scan**
   One Call Care Management
   (800) 453-0574
   or Priority Care Solutions
   (866) 932-5779

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

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

   **For Prescriptions**
   Please use your Mitchell International card at your local pharmacy to bill SDIC directly
   (Giant, CVS, Rite Aid, Walgreens, Wal-Mart)
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 Kutztown Area 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 Tammy Miller, Payroll Coordinator 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 Kutztown Area School District or our insurance 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.