

AmCares

AmCares 24/7 Nurse Line: Your First Step for Injured Employees

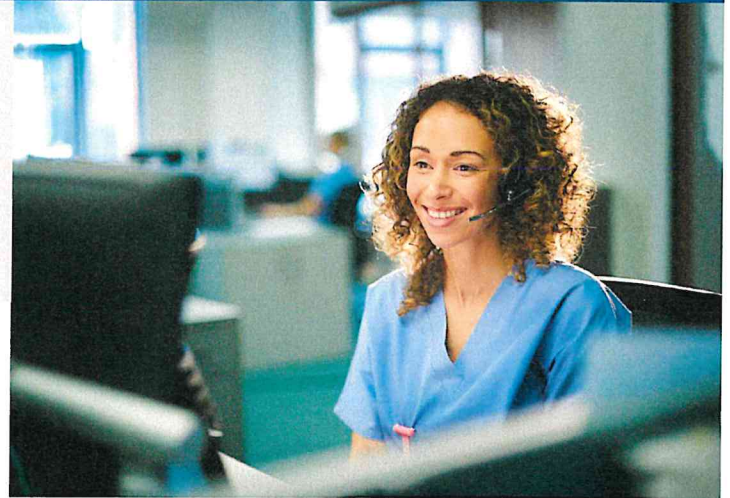
AmCares® offers a 24/7 nurse line to all policyholders at no additional cost. Nurses use nationally recognized triage guidelines to identify the appropriate level of care. Make AmCares your first step after a workplace injury, as nurses will assess the situation and recommend care options, including:

- Self-Care
- Telemedicine
- Occupational Clinic
- Urgent Care
- Emergency Room

Key Takeaways

- With a single phone call, AmTrust insureds can report a claim and have their employee speak to a nurse.
- If the injured employee is available by phone and has not already received care, call 888-239-3909 and select the option to speak to a nurse for timely assessment and care recommendations.
- A nurse will inform about in-network providers if treatment is necessary.

Please contact Amcaresnursetriage@amtrustgroup.com with any questions.



Benefits



Immediate access to nurse expertise

Nurse will conduct assessment and provide appropriate care recommendations



Easy claim reporting

One call to create claim & speak to a nurse



Decrease unnecessary ER visits & wait time

Ensure appropriate level of care is selected for the injury



Access to quality network providers

Recommend providers near the injured employee, if needed

Lewisberry, PA 17339

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.

Concentra Medical Center
Urgent Care Clinic
Walk In Clinic
4910 Ritter Rd
Mechanicsburg, PA 17055
717-795-1819

Patient First
Occupational Medicine Clinic
5125 Jonestown Road Suite 105
Harrisburg, PA 17112
717-943-1566

Knorek, David A., MD
Orthopedic Surgery
805 Sir Thomas Court
Harrisburg, PA 17109
717-782-5905

Neureuter, Louis John
Louis J Neureuter MD
Internal Medicine
255 North 6th Street
Columbia, PA 17512
717-397-0555

Gentile OT Hand Clinic Inc.
Occupational Medicine Clinic
100 Eichelberger St Ste 5
Hanover, PA 17331
717-646-0440

Clyde, Corey Thompson, MD
Orthopedic Associates of Lancaster Ltd
Orthopedic Surgery
2913 Spooky Nook Rd Ste 100
Manheim, PA 17545
717-299-4871

UPMC GoHealth - Harrisburg - S Arlington Ave
Urgent Care Clinic
775 S Arlington Ave
Harrisburg, PA 17109
717-461-2662

Optum
Available at any major pharmacy
PHARMACY
800-393-1398

Heads Up
For the nearest location, please call the toll free number.
DENTIST
855-443-9872

One Call Medical Diagnostics
Requires adjuster approval
DIAGNOSTICS
866-672-3064

One Call Care
Requires adjuster approval
PHYSICAL THERAPY
866-672-3064

Hospital
For Emergency Services, please go to the nearest hospital.
HOSPITAL
(FOR EMERGENCY SERVICES ONLY)

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:

AmTrust North America
P O Box 94405
Cleveland, OH 44101
888-239-3909 Toll Free
678-258-8399 Fax

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

Current as of 6/18/26





Optum
PO Box 152539
Tampa, FL 33684-2539

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

AmTrust North America

CARRIER/TPA _____ EMPLOYER _____

INJURED WORKER NAME _____

Please provide directly to Pharmacist

SOCIAL SECURITY NUMBER _____ DATE OF INJURY (YYMMDD) _____

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

| | NDC | or | Envoy |
|-------|--------|----|---------------|
| RxBIN | 004261 | | 002538 |
| RxPCN | CAL | | Envoy Acct. # |
| GROUP | FF | | |

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."



IMP14-1614-109-FFWG

**PANEL ACKNOWLEDGEMENT FORM (PA ONLY)
NOTICE TO ALL EMPLOYEES TRAINING CONFIRMATION**

PLEASE READ CAREFULLY

The information below describes your duties if you are injured at work.

IN CASE OF WORK-RELATED INJURY OR DISEASE

1. The employee has the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for ninety (90) days from the date of the first visit to a designated provider.
2. The employee has the right to have all reasonable medical/surgical services and supplies, orthopedic appliances, and prostheses including required training in their use, related to the injury, paid for by the employer.
3. The employee has the right, during the ninety (90) day period to switch from one health care provider on the list to another provider on the list, and that all of the treatment shall be paid for by the employer.
4. The employee has the right to seek treatment from a referral provider if the employee is referred to him by a designated provider and the employer shall pay for the treatment rendered by the referral provider.
5. The employee has the right to seek emergency medical treatment from any provider but that subsequent, non-emergency treatment shall be by a designated provider for the remainder of the ninety (90) day period.
6. The employee has the right to seek treatment or medical consultation from a non-designated provider during the ninety (90) day period, but that these services shall be at the employee's expense for the applicable ninety (90) day period.
7. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to be followed provided that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice.
8. The employee has the right to seek treatment from any health care provider after the ninety (90) day period has ended, and that treatment shall be paid for by the employer if it is reasonable and necessary. After ninety (90) days from the date of the first treatment, the employee shall have the duty to notify the employer of treatment by a non-designated provider within five (5) days of the first visit to the provider. The employer shall not be required to pay for treatment or services rendered by a non-designated provider prior to receiving this notification, if such services are determined, through utilization review, to have been unreasonable or unnecessary.
9. Written notice to an employee of the employer's/employee's rights and duties will be provided at time of training/hire and immediately after the injury or as soon thereafter as possible under the circumstances of the injury.
10. An employee may not refuse to sign an acknowledgement in order to avoid any duties specified in this notice.

I acknowledge that my employer has developed a list of at least six (6) panel providers. I understand that following a work-related injury or illness, I am required to visit one of the physicians or health care providers designated by my employer for the initial 90 days of treatment (Day 1 begins on the day of my first medical appointment). I understand that if I do not comply with this requirement, my employer will not be required to pay for any medical services I receive during this period. I also understand that after 90 days, I can treat with any other physician or provider of my choosing, provided I notify my employer within five (5) days of my first visit. If I fail to do so, my employer may be relieved from paying for these services if they are deemed to be unreasonable or unnecessary. My employer has informed me in writing of my rights and duties pertaining to the Pennsylvania Workers' Compensation Act. My signature below acknowledges that I have been so informed and that I understand my rights and duties.

Employee's Signature: _____

Date: _____

Witness's Signature: _____

Pennsylvania Workers' Compensation Information

To all employees:

The workers' compensation law in Pennsylvania provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

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 treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

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, PA 17104-2501

Telephone number within Pennsylvania: 800-482-2383
Telephone number outside of this Commonwealth: 717-772-4447

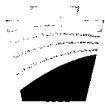
TTY- 800-362-4228 (for hearing and speech impaired only)

www.state.pa.us, PA Keyword: workers comp.

I, _____,
employee of _____ (employer),
certify that I received, read, and understood the information provided above on my date
of hire _____ (date).

If applicable:

I, _____,
employee of _____ (employer),
certify that I received, read, and understood the above information on _____ (the
date of work-related injury or disease).



REMEMBER: IT IS IMPORTANT TO TELL YOUR
EMPLOYER ABOUT YOUR INJURY

The name, address and telephone number of your employer's workers' compensation insurance company, third-party administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

Employer Name: West Shore Recreation Commission Date Posted: _____

IF INSURED:
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN INSURER IS
HANDLING CLAIMS:**
(Complete all applicable spaces)

Name of Insurance Company: Wesco Insurance Company, Inc (WIC) Name of TPA (Claims administrator): _____

Address: PO BOX 94405, CLEVELAND, OH 44101 Address: _____

Telephone Number: 888-239-3909 Telephone Number: _____

Insurer Code: 2368

IF SELF-INSURED
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN SELF-INSURER IS
HANDLING CLAIMS:**
(Complete all applicable spaces)

Name of person handling claims at the self-insured: _____ Name of TPA (Claims administrator): _____

Address: _____ Address: _____

Telephone Number: _____ Telephone Number: _____

Insurer Code: _____

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information
Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov



Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program