

THE SCHOOL DISTRICT OF THE CITY OF YORK
Work Injury Procedure
Effective July 1, 2023

Work Injury Reporting

According to Federal and State law, employees are required to report *all* work injuries or illnesses, regardless of severity, as soon as they occur and complete an accident report packet. Employees are required to notify their immediate supervisor of all work injuries. All matters relating to Pennsylvania Worker's Compensation are handled by Rob Bernhard, Director of Human Resources.

You must obtain an accident reporting packet from the School Nurse or the main office secretary. You should permit the nurse to examine and treat a work injury whenever possible – regardless of the intention to seek outside medical treatment. While you have the right to seek outside treatment for a work injury, not all work injuries/illnesses truly require treatment outside of simple first aid that can be rendered by the School Nurse. Therefore, please keep that in mind when considering whether or not to seek outside medical treatment. An accident report packet must be completed in full, regardless of your intention to seek outside medical attention. Partially completed accident reports are unacceptable. Failure to report a work injury/illness when it occurs may affect the acceptance/denial of a claim and/or delay payment of any benefits and is a violation of Federal, State and District Policy. It is your responsibility to follow up with the nurse or front office personnel to obtain an accident report packet if neither of them are available when you initially come to get one.

The School Nurse/Office personnel shall scan and email the completed accident report to the Director of Human Resources, so that it can be filed with the Worker's Compensation Insurance Carrier.

All accident report forms are to be completed right away. Taking them home or indicating that, "I'll complete it later/by the end of my shift" is unacceptable. The School Nurse can be a resource to you in completing the form and to answer questions you may have. The only exception to this requirement is if the severity of the injury indicates immediate medical treatment.

The District, nor the Pennsylvania Worker's Compensation Act will pay for treatment from a provider not listed on the Posted Physician's Panel, except as provided for within the meaning of the Notice to Employees form (Section 306).

Outside Medical Treatment for Work Injuries/Illnesses

In the event you wish to seek outside medical treatment for a work injury/illness, you are required to obtain services from a provider on the Posted Physician's Panel (which is part of the accident report packet), if you want the charges relating to your work injury treatment covered by the Pennsylvania Worker's Compensation Act.

If you choose to seek outside medical treatment, the initial work injury treatment can be obtained right away and the District will allow you to leave work for that purpose. You shall be paid for the time attending the initial medical evaluation. **Follow-up appointments, diagnostic tests and therapies of any type that are not part of the initial visit to a healthcare provider are to be scheduled outside of work hours. Employees will not be permitted to leave work early or attend appointments during their scheduled work hours. You are, however, permitted to use any available paid time off to cover time attending a provider appointment according to District policy and your Collective Bargaining Agreement / MOU.**

You are asked to remind the doctor that treats you of the District's requirement to schedule treatments for work injuries outside of work hours and that modified work is available. Work status reports **must** be requested, if not otherwise provided and are to be scanned and emailed to Rob Bernhard, Director of Human Resources. The Director of Human Resources will provide copies of the work status report to your supervisor and/or building Administrator, as well as forward a copy to the Worker's Compensation insurance carrier.

Work Restrictions

Work restrictions that are imposed following the treatment for a work injury apply to both work and personal activities. Unless work restrictions cannot be accommodated, you are required to return to work according to your regular work schedule, in a modified duty capacity, until such a time that the work restrictions are lifted and you are returned to a no restriction capacity. The Office of Human Resources shall work with your supervisor and/or building Administrator to assign work tasks that comply with the provider's restrictions and to answer any questions regarding restrictions. During a period of modified duty, your wage will not be reduced, nor will you be held to any productivity standards. Based on the restrictions set forth by a treating provider, a modified work assignment may not be able to be accommodated within the meaning of your pre-injury position. Therefore, you may be assigned to work activities in another department or part of a building, or possibly another building.

Summary

If you have any questions relating to work injury administration, please contact Rob Bernhard, Director of Human Resources at (717) 848-4147 or bernhrob@yca.k12.pa.us.

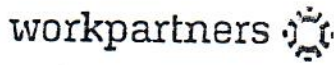
Acknowledgement

I have read the information contained in this document, understand its contents and had the ability to ask questions.

Employee printed name

Date

Employee signature



Report of Injury

Building: _____
 Job Title: _____
 Hours Worked/Day: _____
 Hours Worked/Week: _____
 Start Time: _____
 End Time: _____

Employer's Name and Address: The School District of the City of York, 31 North Pershing Avenue		Date
City, State, ZIP, County: York, PA 17401		Emp. Phone
Injured Worker's Last Name, First Name, Middle Initial		Recur/New Injury Date
Home Street Address		Home Phone No.
City, State, ZIP, County	Marital Status	Time Work Began <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Social Security Number	Date of Birth	Date of Hire
Occupation		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	If Part-Time, Days Worked <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Name of Other Employer
Hourly Rate	Supervisor	Supervisor Number
Date of Incident	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Date Reported Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Did incident occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Where:		
Performing regular job at the time of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Losing time? <input type="checkbox"/> Yes <input type="checkbox"/> No Last day worked:		
Description of incident (who, what, when, where, how, and why):		
List of body parts injured:		
Prior injuries and with what employer:		
Treatment sought and with whom:		
Name and phone number of witnesses:		
Remarks:		
Reported by:	Date:	Time:

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company, or files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

Notice To Employees

Health Care Provider Panel and Procedures

IN CASE OF A WORK INJURY OR ILLNESS:

1. You must immediately report the injury or illness to your supervisor.
2. The employee's supervisor/manager is responsible for calling Workpartners' Claims Management Services at 1-800-633-1197 to report the injury/illness. The employee's supervisor/manager should report all injuries/illnesses to Workpartners within 48 hours. All correspondence and bills must be directed to:

WORKPARTNERS
Claims Management Services
PO Box 2971
Pittsburgh, PA 15230
Fax: (412) 454-8717

3. You must select one of the licensed physicians or health care providers from the list below to ensure that bills associated with medical treatment will be paid by Workpartners.

If there are any questions concerning this notice, please call 1-800-633-1197.

REQUIRED NOTICE OF EMPLOYEE RIGHTS AND DUTIES:

- (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 90 days from the date of the first visit to a designated provider.
- (2) The employee has the right to have all reasonable medical supplies and treatment related to the injury paid for by the employer as long as treatment is obtained from a designated provider during the 90-day period.
- (3) The employee has the right during this 90-day period to switch from one health care provider on the list to another provider on the list and to have all the treatment 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 nonemergency treatment shall be by a designated provider for the remainder of the 90-day period.
- (6) The employee has the right to seek treatment or medical consultation from a nondesignated provider during the 90-day period, but these services shall be at the employee's expense for the applicable 90 days.
- (7) The employee has the right to seek treatment from any health care provider after the 90-day period has ended, and that treatment shall be paid for by the employer if it is reasonable and necessary.
- (8) The employee has the duty to notify the employer of treatment by a nondesignated provider within five days of the first visit to that provider. The employer may not be required to pay for treatment rendered by a nondesignated provider prior to receiving this notification. However, the employer shall pay for these services once notified, unless that treatment is found to be unreasonable by a utilization review organization (URO), under Subchapter C (relating to medical treatment review).
- (9) The employee has the right to seek an additional opinion from any health care provider of the employee's choice when a designated provider prescribes invasive surgery for the employee. If the additional opinion differs from the opinion of the designated provider and the additional opinion provides a specific and detailed course of treatment, the employee shall determine which course of treatment to follow. If the employee opts to follow the course of treatment outlined by the additional opinion, the treatment shall be performed by one of the health care providers on the employer's designated list for 90 days from the date of the first visit to the provider of the additional opinion.

To all employees:

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.

Benefits are required to be paid by your employer if you are self-insured or through insurance provided by your employer. Your employer is required to post in a prominent and easily accessible place the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment. It is also required to be posted in any 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:

Bureau of Workers' Compensation
1171 South Cameron St., Room 103
Harrisburg, PA 17104-2501
Within PA: 1-800-482-2383
Outside PA: 717-772-4447
TTY: 1-800-362-4228 (for hearing and speech impaired only)
www.state.pa.us, PA keyword: workers' comp

For a complete list of panel physicians, please contact your employer. Please call 1-800-633-1197 with any additional questions.

I, _____, employee of _____
(employee)

certify that I have been provided with, read, and understood the information set forth above consistent with the requirements of the Pennsylvania Workers' Compensation Act.

Date: _____

Fax this form to Workpartners (412-454-8717) if it is being completed as a result of a work injury, then place the original in the employee file. If this form is being completed for any reason other than in conjunction with an injury, please do not fax it to Workpartners. Instead, place it in the employee's file.

POSTED PHYSICIAN'S PANEL FOR THE SCHOOL DISTRICT OF THE CITY OF YORK
Effective July 1, 2023

Occupational Medicine (Work Injury Treatment and Follow-Up)

WellSpan Occupational Health
2250 East Market Street, 2nd Floor
York, PA 17402
(717) 851-1600
7:00 a.m. – 5:00 p.m. (M-F)

WellSpan Urgent Care
Occupational Medicine
4050 North George Street
East Manchester Village Center
Manchester, PA 17345
(717) 356-4380
8:00 a.m. – 4:30 p.m. (M-F)

Thistle Hill Professional Center
2030 Thistle Hill Drive
Spring Grove, PA 17362
(717) 225-9869
8:00 a.m. – 8:00 p.m. / All week

New Oxford Medical Center
5615 York, Road
New Oxford, PA 17350
(717) 624-1337
8:00 a.m. – 8:00 p.m. / All week

UPMC Express Care - East York
2860 Whiteford Road
York, PA 17402
(717) 849-5621
8:00 a.m. – 8:00 p.m. / All week

UPMC Outpatient Center
Suite 101
233 College Avenue
Lancaster, PA 17603
(717) 740-5750
8:00 a.m. – 8:00 p.m. / All week

UPMC Outpatient Center
Suite 1200
2201 Brunswick Drive
Hanover, PA 17331
(717) 637-0470
8:00 a.m. – 8:00 p.m. / All Week

Neurosurgery

Wellspan Neurosurgery
228 St. Charles Way, Suite 300
York, PA 17402
(717) 812-5400
8:00 a.m. – 5:00 p.m. (M-F)

Emergency Medicine

UPMC Memorial Hospital
Emergency Department
1701 Innovation Drive
York, PA 17408
(717) 849-5730
24/7 – 365

Orthopedics

Orthopedic & Spine Specialists
Urgent Care
1665 Roosevelt Avenue
York, PA 17408
(717) 848-4800
8:00 a.m. – 5:00 p.m. (M-F)

Orthopedic & Spine Specialists
Urgent Care
1855 Powder Mill Road
York, PA 17402
(717) 848-4800
8:00 a.m. – 7:00 p.m. (M-F)
9:00 a.m. – 3:00 p.m. (Sat/Sun)

Orthopedic & Spine Specialists
470 Eisenhower Drive
Hanover, PA 17331
(717) 848-4800
8:00 a.m. – 5:00 p.m. (M-F)

Orthopedic & Spine Specialists
856 Century Drive
Mechanicsburg, PA 17055
(717) 848-4800
8:00 a.m. – 7:00 p.m. (M-F)

Orthopedics (cont.)

Orthopedic & Spine Specialists
20 Expedition Trail, Suite 110-B
Gettysburg, PA 17325
(717) 848-4800
Call to determine availability

Imaging

WellSpan Urgent Care / Occupational Medicine
4050 North George Street
East Manchester Village Center
Manchester, PA 17345
(717) 356-4380
8:00 a.m. – 4:30 p.m. (M-F)

Orthopedic & Spine Specialists
(X-Ray only)
1665 Roosevelt Avenue
York, PA 17408
(717) 848-4800
8:00 a.m. – 5:00 p.m. (M-F)

Orthopedic & Spine Specialists (X-Ray only)
470 Eisenhower Drive
Hanover, PA 17331
(717) 848-4800
8:00 a.m. – 5:00 p.m.

Physical Therapy

Select Physical Therapy
635 Town Center Drive, Suite B
York, PA 17408
(717) 849-5547
8:00 a.m. – 7:00 p.m. (M, W, Th)
7:00 a.m. -12:00 p.m. (T, F)

Orthopedic & Spine Specialists
1855 Powder Mill Road
York, PA 17402
(717) 848-4800
7:00 a.m. – 6:00 p.m. (M-Th)
7:00 a.m. – 5:00 p.m. (Fri)
7:00 a.m. – 10:30 a.m. (Sat)

General Surgery

Surgical Specialists of York
Christopher Evans, D.O.
1775 Fifth Avenue
York, PA 17403
(717) 812-8871

WellSpan Occupational Health
2250 E. Market Street, 2nd Floor
York, PA 17402
(717) 851-1600
7:00 a.m. – 5:00 p.m. (M-F)

Orthopedic & Spine Specialists
(Advanced Imaging)
1855 Powder Mill Road
York, PA 17402
(717) 848-4800
8:00 a.m. – 5:00 p.m. (M-F)
Saturday hours vary

Orthopedic & Spine Specialists
20 Expedition Trail, Suite 110-B
Gettysburg, PA 17325
(717) 848-4800
Call to determine availability

Orthopedic & Spine Specialists
1665 Roosevelt Avenue
York, PA 17408
(717) 848-4800
7:00 a.m. – 6:00 p.m. (M-Th)
7:00 a.m. – 5:00 p.m. (Fri)
7:00 a.m. – 10:30 a.m. (Sat.)

Orthopedic & Spine Specialists
470 Eisenhower Drive
Hanover, PA 17331
(717) 848-4800
7:00 a.m. – 6:00 p.m. (M-Th)
7:00 a.m. – 5:00 p.m. (Fri)

Neurology

York Neurology Specialists
Beth Jolly, M.D.
2030 Thistle Hill Drive, Ste. 202
Spring Grove, PA 17362
(717) 843-7348

Plastic & Reconstructive Surgery

Plastic and Reconstructive Surgery, P.C.
Michael Born, M.D.
2295 South George Street
York, PA 17403
(717) 741-9599

Physiatry

Orthopedic & Spine Specialists
1855 Powder Mill Road
York, PA 17402
(717) 848-4800
By appointment

Prescriptions/Pharmacy

myMatrixx (An Express Scripts Company)
Call for closest location (800) 945-5951
BIN#003858, Group #KYHA

Claims Management and Bill Submission

Workpartners
P.O. Box 2971
Pittsburgh, PA 15230
Fax: (412) 454-8717

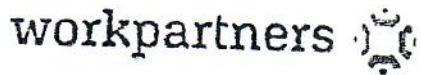
Ophthalmology

Elmwood Eye Center
1601 2nd Avenue
York, PA 17403
(717) 848-2520
8:00 a.m. – 5:00 p.m. (M-Th)
8:00 a.m. – 4:00 p.m. (F)

Orthopedic & Spine Specialists
1665 Roosevelt Avenue
York, PA 17408
(717) 848-4800
By appointment

Durable Medical Equipment

One Call
Call (844) 284-2525 for supplier



WORKERS' COMPENSATION INFORMATION

To All Employees:

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.

Benefits are required to be paid by your employer if 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. It is also required to be posted in any 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:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501
Telephone No. within Pennsylvania: 1-800-482-2383
Telephone No. outside of this Commonwealth: 717-772-4447
TTY: 1-800-362-4228 (for hearing and speech impaired only)
www.state.pa.us. PA keyword: workers' comp

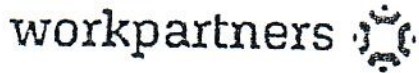
For a complete list of panel physicians, please contact your employer. Please call 1-800-633-1197 with any additional questions.

I, _____, employee of The School District of the City of York _____, (employer)

certify that I have been provided with, read, and understood the information set forth above consistent with the requirements of the Pennsylvania Workers' Compensation Act.

Date: _____

Fax this form to Workpartners (412-454-8717) if it is being completed as a result of a work injury; then place the original in the employee file. If this form is being completed for any reason other than in conjunction with an injury please do not fax to Workpartners, only place in the employee file.



EMPLOYEE'S ACKNOWLEDGEMENT FORM UNDER
SECTION 306(f)(1)(i) OF THE PENNSYLVANIA WORKER'S COMPENSATION ACT

I recognize and agree that my employer has provided a list of at least six (6) designated health care providers, no more than two (2) of whom are coordinated care organizations and no fewer than three (3) of whom are physicians. Therefore, I acknowledge that I must treat with one of these health care providers for ninety (90) days from the date of my first visit. If I fail to treat with one of these designated health care providers, I understand that my employer will not be liable for the payment for services rendered during this ninety (90) day period. Subsequent treatment may be provided by any health care provider of my choice. However, I must advise my employer within five (5) days of my first visit to each and every non-designated health care provider. Failure to do so may affect 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.

Employee's Signature Date

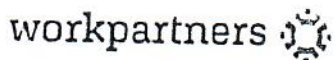
Employee's Name (Print) Employee Number

The School District of the City of York

Employer Department

Witness' Signature Date

Fax this form to Workpartners (412-454-8717) if it is being completed as a result of a work injury; then place the original in the employee file. If this form is being completed for any reason other than in conjunction with an injury please do not fax to Workpartners, only place in the employee file.



WORKERS' COMPENSATION AUTHORIZATION
FOR RELEASE OF PROTECTED HEALTH INFORMATION

Employee's Full Name	Claim Number
Address	Date of Birth
City, State Zip Code	Telephone Number

Employer: The School District of the City of York

I hereby authorize the release of my protected health information (PHI) or other information relevant or potentially related to the injury or condition indicated below to WorkPartners, on behalf of UPMC Benefit Management Services, Inc. or UPMC Health Benefits, Inc., as applicable, its successors, or any of its authorized representatives (including attorneys working on its behalf) by all applicable medical practitioners, hospitals, other medical or medically related facilities, pharmacies, claims administrators, and insurers, including, but not limited to, those who administer Group Health, Short-Term Disability, Long-Term Disability, Workers' Compensation, Health and Wellness, Family Medical Leave, Disease Management, and rights under the Americans with Disabilities Act pursuant to my application for Workers' Compensation benefits.

Description of Injury or Condition: _____

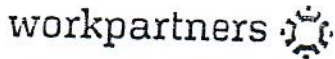
Date of Injury or Condition: _____

Such disclosure may contain PHI or other information related to my Workers' Compensation medical condition or other condition(s) noted above, including, but not limited to, medical records, patient files, diagnosis, prognosis, progress notes, diagnostic and laboratory tests, treatment plan, prescriptions, wages, or earnings, provided all requests for this information are in writing.

I understand information received pursuant to this authorization may be used by WorkPartners for the investigation and determination of any applicable Workers' Compensation benefits to which I may be entitled. I understand that payment for treatment and benefits may be conditioned upon this authorization; I also understand that my healthcare provider will not condition my treatment based on this authorization. I understand this authorization is valid for the duration of my claim for Workers' Compensation, provided that such duration shall not exceed two years from the date of the signature on the following page.

I understand that WorkPartners may be required to disclose any and all facts related to my injury, illness, or disability to my employer-contracted benefit administrators or insurers (including health benefits provider(s); claims processors; case, disease, or health management companies, and insurers) to determine eligibility for health or disease management programs and for administration and operations of employer benefit plans (including but not limited to Short-Term Disability, Long-Term Disability, Workers' Compensation, coordination of care and quality assurance, health improvement, and utilization review programs).

I certify that all of the information that I have provided is, to the best of my knowledge, true, correct, and complete.



IMPORTANT INFORMATION ABOUT YOUR RIGHTS

- I have a right to receive a copy of this authorization.
- I may revoke this authorization at any time before its expiration date by notifying WorkPartners in writing (see #2 on the next page), but the revocation will not have any effect on any actions taken before the revocation was received by WorkPartners.
- I understand that any of my PHI received by WorkPartners may be released to others in accordance with the terms of this authorization. Re-disclosure of my PHI by WorkPartners or any other party is not protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Please return this completed and signed form by fax to 412-454-8717 or by mail to WorkPartners, PO Box 2971 Pittsburgh, PA 15230.

1. Type of records to be released (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input checked="" type="checkbox"/> Emergency department |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Physician/Office |
| <input checked="" type="checkbox"/> Diagnostic testing | <input checked="" type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Other: _____ | |

Unless you check the box(es) immediately below, no information about alcohol/substance abuse, HIV/AIDS or behavioral health will be disclosed:

- YES, disclose information related to alcohol/substance abuse
- YES, disclose Information Related To HIV/AIDS
- YES, disclose Behavioral Health Information

2. I may revoke this authorization by notifying:

UPMC Insurance Services Division
Attn: Chief Privacy Officer
600 Grant Street
Pittsburgh, PA 15219
HealthPlanCPO@upmc.edu

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING.

Signature of Employee	Date of Employee's Signature	Employee's Date of Birth or Claim Number
OR, if applicable –		

Signature of Parent, Legal Guardian or Authorized Representative	Date of Parent, Legal Guardian or Authorized Representative's Signature	Description of Authority to Act for the Employee (i.e., Parent, Legal Guardian or Authorized Representative)
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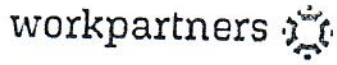
A copy of this completed, signed and dated form must be given to the member or other signator.

Official Use Only

Received _____

Processed By _____

Log # _____



Provider Information: please use additional sheets of paper as needed

Primary Care Physician Name: _____

Address: _____

Telephone Number: _____

Treating Provider Name: _____

Address: _____

Telephone Number: _____

Treating Provider Name: _____

Address: _____

Telephone Number: _____

Diagnostic Testing Provider: _____

Address: _____

Telephone Number: _____

Patient Name (print): _____

Patient Signature: _____

Date of Signature: _____

Workers' Compensation Temporary Prescription ID Card

workpartners

myMatrixx
An Express Scripts Company

To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

Atención Trabajador Lesionado:

En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).

Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame al Centro de Contacto para Atención a Clientes de Express Scripts, al 800.945.5951.

To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or a cost of \$150. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control WC
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury

Express Scripts

ID#: _____
Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: ____/____/____
M.M/DD/YYYY

Group #: KYHA

Employee Date of Birth: ____/____/____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

Employee Information

First M Last

Street Address or PO Box

City State ZIP

Employer Name:

The School District of the City of York

Participating Retail Network Pharmacies

workpartners 

myMatrixx
An Express Scripts Company

A & P	Drug Emporium	Longs Drug Store	Sav-On
Acme Pharmacy	Drug Fair	Major Value	Save Mart
Albertson's	Drug Town	Marsh Drugs	Schnucks
Albertson's/Acme	Drug World	Medic Discount	Scolari's
Albertson's/Osco	Eckerd	Medicap	Sedano
Albertson's/Sav-On	Econofoods	Medistat	Shaw's
Amerisource Bergen	EPIC Pharmacy	Meijer	Shop 'N Save
Anchor Pharmacies	Network	Minyard	Shopko
Arrow	FamilyMeds	NCS HealthCare	ShopRite
Aurora	Farm Fresh	Neighborcare	Snyder
Bartell Drugs	Farmer Jack	Network	Stop & Shop
Bigg's	Food City	Pharmaceuticals	Sun Mart
Bi-Lo	Food Lion	Northeast Pharmacy	Super Fresh
Bi-Mart	Fred's	Services	Super Rx
BJ's Wholesale Club	Gemmel	Osco	Target
Brooks	Giant	P & C Food Markets	Texas Oncology Svcs
Brookshire Brothers	Giant Eagle	Pamida	The Pharm
Brookshire Grocery	Giant Foods	Park Nicollet	Thrifty White
Bruno	Hannaford	Pathmark	Times
Carrs	Harris Teeter	Pavilions	Tom Thumb
Cash Wise	H-E-B	Price Chopper	Tops
Coborn's	Hi-School Pharmacy	Publix	Ukrop's
Costco	Hy-Vee	Quality Markets	United Drugs
Cub	Jewel/Osco	Raley's	United Supermarkets
CVS	Kash n Karry	Randalls	Vons
D&W	Keltsch	Rite Aid	Waldbaums
Dahl's	Kerr	Rosauers	Walgreens
Dierbergs	Kmart	Rx Express	Wal-Mart
Discount Drugmart	Knight Drugs	RXD	Wegmans
Doc's Drugs	Kroger	Safeway	Weis
Dominicks	LeaderNet (PSAO)	Sam's Club	Winn Dixie