COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501
(TOLL FREE) 800-482-2383
TTY (TOLL FREE) 800-362-4228

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR DISEASE

EMPLOYEE SOCIAL SECURITY NUMBER

DATE OF INJURY
MONTH DAY YEAR

EMPLOYEE FIRST NAME

EMPLOYEE LAST NAME

STREET ADDRESS

CITY STATE ZIP CODE

COUNTY PHONE NUMBER

EMPLOYEE:
MALE MARRIED
FEMALE SINGLE

NUMBER OF DEPENDENTS

DATE OF BIRTH
MONTH DAY YEAR

OCCUPATION OR JOB TITLE

NCCI CLASS CODE (IF KNOWN)

EMPLOYMENT STATUS
FT = Full-time
PT = Part-time
SL = Seasonal
VO = Volunteer
ZZ = Other

EMPLOYER
Borough of Norristown

STREET ADDRESS
235 East Airy Street

CITY
Norristown

STATE
PA

ZIP CODE
19401

SIC CODE
9111

EMPLOYER FEIN
23-6002914

PHONE NUMBER

COUNTY
MONTGOMERY

NAICS CODE
921110

FULL PAY FOR DAY OF INJURY?
YES
NO

TIME EMPLOYEE BEGAN WORK
AM
PM

TIME OF OCCURRENCE
AM
PM

344 1197-1

LAST DAY WORKED
MONTH DAY YEAR

DATE DISABILITY BEGAN
MONTH DAY YEAR

DATE EMPLOYER NOTIFIED
MONTH DAY YEAR

DATE RETURNED TO WORK
MONTH DAY YEAR

DATE OF HIRE
MONTH DAY YEAR

CONTACT FIRST NAME
DARLENE

CONTACT PHONE NUMBER
610-279-3673

CONTACT LAST NAME
NORWOOD

NOTICE: Report should be clearly completed, (preferably typed) and original mailed to the Bureau at the address in the upper left corner and a copy to employee and insurer.

LIBC-344 REV 1-01

(OVER)

LIBC 344

TYPE OF INJURY CODE

PART OF BODY AFFECTED CODE

CAUSE OF INJURY CODE (ENTER CODES, IF KNOWN)

TYPE OF INJURY OR ILLNESS

PARTS OF BODY AFFECTED

CAUSE OF INJURY

DID INJURY OR ILLNESS OCCUR ON EMPLOYER'S PREMISES?
YES ☐
NO ☐

IF OUT OF STATE, SPECIFY STATE OF INJURY

WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?
YES ☐
NO ☐

WERE SAFEGUARDS OR SAFETY EQUIPMENT USED?
YES ☐
NO ☐

ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES DIRECTLY RESPONSIBLE.

IF FATAL, GIVE DATE OF DEATH
MONTH - DAY - YEAR

PHYSICIAN/HEALTH CARE PROVIDER
FIRST NAME: LAST NAME:
STREET
CITY STATE ZIP

HOSPITAL NAME:
STREET
CITY STATE ZIP

INITIAL TREATMENT:
- ☐ NO MEDICAL TREATMENT
- ☐ MINOR BY EMPLOYEE
- ☐ CLINIC / HOSPITAL
- ☐ PANEL PHYSICIAN
- ☐ EMPLOYEE PHYSICIAN
- ☐ EMERGENCY CARE
- ☐ HOSPITALIZED MORE THAN 24 HOURS

POLICY PERIOD FROM:
01 - 16 - 2015
MONTH DAY YEAR

POLICY PERIOD TO:
01 - 16 - 2016
MONTH DAY YEAR

POLICY/SELF INSURED NUMBER:
0910000000029115

WITNESS FIRST NAME

WITNESS PHONE NUMBER

WITNESS LAST NAME

PERSON COMPLETING THIS FORM:
NAME: Darlene Norwood <dnorwood@norristown.org>
TITLE: HR Generalist
PHONE: (610) 279-3673

INSURANCE CARRIER OR THIRD PARTY ADMINISTRATOR (IF SELF-INSURED)
NAME: AMERIHEALTH CASUALTY SERVICES P 215-587-1851
STREET 1700 Market Street, Suite 700 F 888-636-7725
CITY Philadelphia STATE PA ZIP 19103
BUREAU CODE: 2371 FEIN:

DATE PREPARED
MONTH - DAY - YEAR


344 1197-2

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165.

1700 Market Street
Suite 700
Philadelphia, PA 19103
1-800-335-5972
amerihealthcasualty.com

AmeriHealth
CASUALTY SERVICES

What Happens If I Get Hurt At Work? (For PA employees)

Even at the safest of workplaces, injuries can occur. Here's what to do if you are injured at work:

1. Notify your supervisor immediately. He/She will ensure that you receive medical care if you need it and will file a workers' compensation claim on your behalf.
2. For emergency care you should go to the closest emergency room. Any follow-up care should be provided by one of the approved facilities on your workers' compensation panel list. For non-emergencies, choose one of the panel doctors. If you do not have a panel list, see your supervisor or Human Resources.
3. According to Pennsylvania's Workers' Compensation Act, you must treat with a panel provider for the first **90 days**. Any unauthorized treatment or treatment outside the panel will be **your** financial responsibility and may jeopardize your claim. After 90 days you may treat with a provider of your choice but you **must** notify your employer in writing within 5 days of the first visit or the treatment becomes your financial responsibility.
4. The panel physician will evaluate your injury and determine if it is safe for you to return to work. If you are not returned to work, notify your supervisor immediately.
5. You must keep scheduled appointments with your treatment provider. If, for any reason, you are unsatisfied with the care you are receiving, please call AmeriHealth at 1-888-871-3606. After regular business hours, call 1-800-393-7196. Our claims adjusters and medical case managers are available to discuss your claim and to ensure that you receive reasonable and necessary care for your work injury.

Acknowledgment

In compliance with Pennsylvania's Workers' Compensation Act, I acknowledge that I have been informed of my rights and have received a copy of the designated health care provider panel which was designed by AmeriHealth Casualty Services for my employer, MUNICIPALITY OF NORRISTOWN. I understand that any work
(Name of Company)
related injury or illness is to be immediately reported to my supervisor and, with the exception of true emergency care; I am to treat with one of the providers on the panel for the first 90 days after my injury. I understand that if I treat outside this panel without proper authorization, my employer has the right to refuse payment for that care. Should I still require treatment after 90 days, I understand that I may choose a non-panel provider but that I must notify my employer within five days of the first visit to this provider. I understand that if surgery is recommended I may seek a second opinion with a physician of my choosing. If the second opinion differs, I may choose the course of treatment I wish to follow but that treatment is to be rendered by one of the panel providers if I am within the first 90 days after injury.

_____ _____

Signature Date

1700 Market Street
Suite 700
Philadelphia, PA 19103
1-800-335-5972
amerihealthcasualty.com

AmeriHealth
CASUALTY SERVICES

Que Sucede Si Se Hiere En El Trabajo?

Hasta en los lugares de trabajo mas seguros, lesiÓns pueden ocurrir. Lo siguies lo que debe hacer si se hiere en el trabajo:

1. Notifique a su supervisor inmediatamente. El / Ella se asegurará de que uste reciba asistencia médica si usted la necesita, y pondra una demanda de la remuneración de trabajadores en su favor.

2. Para tratamiento de emergencia, usted debe ir a la sala de emergencia más cercana. Para tratamiento que no sea emergencia, elija a uno de los médicos del panel. Si usted no tiene una lista del panel, ve a su supervisor o Recursos Humanos. Cualquier tratamiento adicional se debe proporcionar por uno de los proveedores aprobados en la lista del panel.

3. Según el Acto de la Remuneración de Trabajadores de Pennsylvania, usted debe tartar con un proveedor del panel para los primeros 90 días. Cualquier tratamiento que no sea autorizado o tratamiento fuera del panel será su responsabilidad financiera y puede comprometer su demanda. Después de 90 días usted puede tratar con un proveedor que usted elija, pero usted debe notificar a su patron en escrito dentro de 5 días de la primera visita o el tratamiento se convierte en su responsabilidad financiera.

4. El medico del panel evaluará su lesion y determinará si usted puede volver al trabbajo. Si se determina que usted no debe volver al trabajo, notifique a su supervisor inmediatamente.

5. Usted debe guarder citas fijadas con su proveedor del tratamiento. Sip or cualquier razón, usted no esta satisfecho con el tratamiento que está recibiendo, por favor llame a AmeriHealth al 1-800-335-5972. Después de horas de oficina regulares, llame al 1-800393-7196. Nuestros ajustadores de reclamaciónes y encargados de casos medicos están disponibles para hablar de su reclamación y para asegurar que usted reciba el cuidado razonable y necesario para su lesion.

Reconocimiento:

En conformidad con el Acto de la Remuneración de Pennsylvania, reconozco que me han informado mis derechos y he recibido una copia del panel designado del proveedor del cuidado medico cuál fué diseñado por los servicios de AmeriHealth Casualty para mi patrón, MUNICIPALITY OF NORRISTOWN (nombre de la compañia). Comprendo que cualquier lesión o enfermedad relacionado al trabajo debe ser reportada inmediatamente a mi supervisor y, con exepción del cuidado de emergencia, debo tratar con uno de los proveedores en el panel para los primeros 90 diás después de mi lesión. Comprendo que si trato fuera de este panel sin la autorización apropiada, mi patrón tiene el derecho de rechazar el pago para ese tratamiento. Si requiero tratamiento después de 90 diás, entiendo que puedo elegir un proveedor fuera del panel, pero debo notificar a mi patrón dentro de 5 diás de la primera visita a este proveedor. Comprendo que si se recomienda cirugía debo obtener una segunda opinión con un médico de mi elegir. Si defiere la segunda opinión, puedo elegir el curso de tratamiento que deseo, pero ese tratamiento debe ser rendido por uno de los proveedores del panel si estoy dentro de los primeros 90 diás después de la lesión.

_____ _____

Firma Fecha

Copia 1: Recursos Humano
Copia 2: Empleado

1700 Market Street
Suite 700
Philadelphia, PA 19103
1-800-335-5972
amerihealthcasualty.com

AmeriHealth
CASUALTY SERVICES

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize any physician, nurse or other health care professional who has attended me, or any hospital at which I have been confined to furnish to AmeriHealth Casualty Services or an authorized representative, any and all information which may be requested regarding my physical or mental condition and treatment rendered therefore and, if necessary, to allow them or any physician appointed by them to examine any x-rays taken of me or records regarding my physical or mental condition or treatment.

A photocopy of this instrument may be used instead of the original.

LA AUTOTIZACION A SOLTAR A INFORMACION MEDICO

Por este medio autorizo a cualquier médico, cualquiera enfermera u otro profesional de cuidado de la salud que me ha asistido a mí, o cualquier hospital en el cual he estado recluido para proveer para AmeriHealth Casualty Services o un representante autorizado, cualquier información que puede ser demandado referente a mi condición física o mental y que mi tratamiento dado por esto y, si necesario, a permitirlos a ellos o cualquier médico señalado por ellos a examinar cualquier tome radiográfias de mí o los registros estimando mi condición física o mental o el tratamiento.

Una fotocopia de esta forma puede ser usada en lugar del original.

_____ Date	_____ La fecha
_____ Employee's Name (Print)	_____ Nombre del Empleado (la Impresión)
_____ Employee's Signature	_____ Signatura del Empleado
_____ Employee's Date of Birth	_____ Fesha de Nacimiento del Emploado
_____ Employee's Social Security Number	_____ El Numero de Seguro Social del Empleado
_____ Employee's Home/Cell Phone Number	_____ El Número de Teléfono de Casa/Celular del Empleado

MUNICIPALITY OF NORRISTOWN
WORKERS' COMPENSATION PROGRAM: DESIGNATED HEALTH CARE PROVIDERS

THE FOLLOWING PROCEDURE MUST BE F'OLLOWED IN CASE OF WORK RELATED INJURY OR ILLNESS:

A. I MMEDIATELY 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:

Provider	*Address*	*Phone Number*	*Specialty*
1. Anthony Mela, DO	Crozier Centers For OccHealth Urgent Care @ Park Care, 8 Morton Avenue #206, Ridley Park. PA 19078	610-595-6811	OCCUPATIONAL MEDICINE
2. Susan Dornstein, DO	Crozier Centers For OccHealth, 196 West Sproul Road #110, Springfield, PA 19064	610-328-8760	OCCUPATIONAL MEDICINE
3. Heidi Weston, MD	WorkNet, 170 N. Henderson Rd. #200, King of Prussia, PA 19406	610-337-1558	OCCUPATIONAL MEDICINE
4. Mark Gernerd, MD	Montgomery Occupational Health, McShea Bid. 1301 Powell Street Norristown, PA 19401	610-270-2555	OCCUPATIONAL MEDICINE
5. Joseph R. Schneider, DC	The Back & Neck Pain Relief Center, 477 Baltimore Pike Springfield, PA 19064	610-544-9800	CHIROPRACTIC
6. Paul R. Bove, DC	1246 W. Main St., Norristown, PA 19401	610-272-61 11	CHIROPRACTIC
7. Express Dental Care	For the nearest location, please call the toll free number.	888-539-0577	DENTIST
8. Progressive Medical, Inc.	For the nearest location, please call the toll free number.	800-777-3574	DURABLE MEDICAL EOUIPMENT
9. Robert W. Frederick, MD	Rothman Institute, 170 N. Henderson Rd., # 100, King of Prussia, PA 19406	267-339-3776	ORTHOPEDIC SURGERY
10. Brett Horwitz, MD	Montgomery Orthopedic Assoc., 170 West Germantown Pike., Norristown, PA 19401	610-279-8686	ORTHOPEDIC SURGERY
11. National Pharmaceutical Services <NPS)	for the nearest location, please call the toll free n umber	800-546-5677	PHARMACY
12. Universal Smart Comp	For the nearest location, please call the toll free n umber.	877-362-3391	PHYSICAL THERAPY
13. NovaCare Rehabilitation	For the nearest location, please call the toll free number.	800-770-6682	PHYSICAL THERAPY
14. Ravtel Imaging	For the nearest location, please call the toll free number.	800-453-0574	RADIOLOGY
15. Mercy Suburban Hospital	2701 DeKalb Pike, Norristown, PA 19401	610-278-2185	HOSPITAL (FOR EMERGENCY SERVICES ONLY)
16. Einstein Medical Center Montgomery	559 West Germantown Pike, East Norriton, PA 19403	215-885-2403	HOSPITAL (FOR EMERGENCY SERVICES ONLY)

C. MEDICAL EMERGENCY:
If you are faced with a medical emergency, you may secure initial emergency treatment from any 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 you r first visit. This requirement is in conformance with the Pennsylvania Workers' Compensation Act, Section 306 (F) (l) (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 you r 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:

AmeriHealth Casualty Services
1700 Market Street, 7thFloor
Philadelphia, PA 19103

Municipality of Norristown Accident Investigation Form
(complete within 24 hours of accident)

Date of Injury: _____ Date Accident Investigation Completed: _____

Supervisor Completing this Accident Investigation: _____
(must be DIRECT supervisor)

List employee(s) hurt in accident: _____

_____

When did accident occur (date and

time):_____

Location of Accident: _____

Describe in detail, the accident: _____

_____

_____

_____

_____

Describe factors which contributed to the accident: _____

_____

_____

_____

_____

What risk-control measures will be implemented as a result?: _____

_____

_____

_____

_____

Additional Comments: _____

_____

_____