

## PROTOCOL WORK-RELATED INJURY PROCEDURE FOR NEW JERSEY EMPLOYEES

I understand that this staffing company takes their responsibility as my employer very seriously, and that they have gone to great length to provide a safe work environment. If I am injured on the job, this staffing company will deal promptly with legitimate claims and has workers' compensation insurance. I also understand that this staffing company has extensive experience investigating claims and will fight fraudulent claims with all available resources. Workplace injuries will be subject to a post-injury drug test.

1. If you sustain a work-related injury, you must immediately notify the client at the facility you are working, and your supervisor at this company.
2. If you need medical treatment, you must see an authorized treating physician (see below) within twenty-four (24) hours from the time the incident occurred.
3. If you are going to miss work due to a work-related injury, you must notify this office immediately, and you must have a doctor's note from the authorized treating physician stating the length of time you will be out of work. Light duty (modified duty) work may be available. You must notify this office immediately (within 24 hours) if the physician releases you for light duty work. Failure to contact the Protocol office for light duty work will be considered a refusal of work.
4. Tell the authorized treating physician that you want your medical bills and reports released to this office.
5. Thereafter, keep this company informed of the time you will be missing from work and your condition on a daily basis, unless otherwise instructed by the Protocol supervisor.
6. Any questions regarding injuries should be directed to your Protocol supervisor.

**IN ORDER TO ENSURE THAT YOUR MEDICAL TREATMENT WILL BE PAID FOR, YOU MUST SELECT FROM THE PANEL OF PHYSICIANS BELOW (OTHER PHYSICIAN LOCATIONS ARE AVAILABLE. PLEASE CONTACT US FOR FURTHER INFORMATION). ALL CLAIMS ARE INVESTIGATED THOROUGHLY. MEDICAL TREATMENT FOR EMERGENCIES, WHEN THE BELOW OFFICES ARE CLOSED, SHOULD BE DIRECTED TO THE NEAREST EMERGENCY ROOM.**

### NEW JERSEY PHYSICIANS

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| AMERICAN WORK CARE                                    | 1125 N. Delsea Drive, Glassboro, NJ 08028  | 856-218-7600 |
| ATLANTICARE   | 2500 English Creek Ave. – Bldg. 900, Suite 908<br>Egg Harbor Twp., NJ 08234                          | 609-677-7200 |
| CONCENTRA   | 210 Benigno Blvd., Bellmawr, NJ 08031  | 856-931-0691 |
| CONCENTRA   | 7204 N. Park Drive, Pennsauken, NJ 08109   | 856-663-7690 |
| PREMIER ORTHOPAEDIC ASSOCIATION                       | 298 S. Delsea Drive, Vineland, NJ 08360  | 856-690-1616 |
| RIVERFRONT ORTHOPAEDIC ASSOC.                         | 510 Heron Drive, Suite 108, Bridgeport, NJ 08014   | 856-467-8550 |
| US HEALTHWORKS<br>*6 New Jersey Locations. (See List) | 1085 Cranbury South River Rd., Jamesburg, NJ 08831<br>*6 New Jersey Locations. (See List)            | 609-409-1900 |
| VIRTUA HEALTH   | 895 Rancocas Road, Suite 1, Westampton, NJ 08060   | 609-914-8610 |
| VIRTUA HEALTH – William G. Rohrer                     | 2309 Evesham Road, Suite 104, Voorhees, NJ 08043   | 856-325-5410 |
| VIRTUA HEALTH – Kyle Will Family Health               | 1000 Atlantic Avenue, Camden, NJ 08104   | 856-246-3542 |
| VIRTUA AT WORK  | 239 Hurffville-Crosskeys Road – Suite 160<br>Sewell, NJ 08060  | 856-341-8200 |
| WORKNET OCCUPATIONAL MEDICINE                         | WORKNET @ Cooper University Hospital<br>300 S. Broadway & Benson Sts., Suite 101<br>Camden, NJ 08103 | 856-338-9136 |
| WORKNET OCCUPATIONAL MEDICINE                         | 9370 Rt. 130 North, Suite 200, Pennsauken, NJ 08110  | 856-662-0660 |
| WORKNET OCCUPATIONAL MEDICINE                         | 37 South White Horse Pike, Stratford, NJ 08084   | 856-435-2680 |
| WORKNET OCCUPATIONAL MEDICINE                         | Ocean Bay Occupational Medicine<br>368 Lakehurst Rd., Suite 206, Toms River, NJ 08755                | 732-557-9980 |

I have read, I understand and I received a copy of the work-related injury procedure:

\_\_\_\_\_  
EMPLOYEE SIGNATURE/DATE

\_\_\_\_\_  
INTERVIEWER SIGNATURE/DATE

## PROTOCOL WORK-RELATED INJURY PROCEDURE FOR PENNSYLVANIA EMPLOYEES

I understand that this staffing company takes their responsibility as my employer very seriously, and that they have gone to great length to provide a safe work environment. If I am injured on the job, this staffing company will deal promptly with legitimate claims and has workers' compensation insurance. I also understand that this staffing company has extensive experience investigating claims and will fight fraudulent claims with all available resources. Workplace injuries will be subject to a post-injury drug test.

1. If you sustain a work-related injury, you must immediately notify the client at the facility you are working, and your supervisor at this company. Failure to do so may delay your benefits or cause you to lose your rights to benefits.
2. If you need medical treatment, you must see an authorized treating physician (see below) immediately (within twenty-four (24) hours) from the time the incident occurred. Tell the provider you are authorizing that the medical bills and medical notes be sent to Protocall and/or its insurance carrier.
3. If you are faced with a medical emergency, you may secure initial emergency treatment from any of the below mentioned emergency facilities or any other emergency facility.
4. If you choose to treat with an out of state provider, you may be subject to balance billing.
5. For medical treatment to be paid by your employer, you must:
  - a) Select one of the physicians listed below.
  - b) You must continue to visit one of the physicians listed below 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).
6. 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.
7. 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 insurance company provided to you by Protocall (please call the office and request this information).
8. If you are going to miss work due to a work-related injury, you must notify this office immediately, and you must have a doctor's note from the authorized treating physician stating the length of time you will be out of work. Light duty (modified duty) work may be available. You must notify this office immediately (within 24 hours) if the physician releases you for light duty work. Failure to contact the Protocall office for light duty work will be considered a refusal of work.
- 9) Thereafter, keep this company informed of the time you will be missing from work and your condition on a daily basis, unless otherwise instructed by the Protocall supervisor.
- 10) Any questions regarding injuries should be directed to your Protocall supervisor.

**IN COMPLIANCE WITH THE PENNSYLVANIA WORKER'S COMPENSATION ACT, I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF MY RIGHTS AND HAVE RECEIVED A COPY OF THE DESIGNATED HEALTH CARE PROVIDER PANEL. I UNDERSTAND THAT ANY WORK-RELATED INJURY OR ILLNESS IS TO BE IMMEDIATELY REPORTED TO MY PROTOCOL 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 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.**

## PENNSYLVANIA PHYSICIANS

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| CONCENTRA                       | 2010 Levick Street, Philadelphia, PA 19149   | 215-537-4755 |
| TEMPLE UNIVERSITY HEALTH SYSTEM | Occupational Health<br>3401 N. Broad Street, Philadelphia, PA                                  | 215-707-6158 |
| UNIVERSITY OF PENNSYLVANIA      | Occupational Medicine Clinic<br>3400 Spruce Street, Philadelphia, PA 19104                     | 215-662-2354 |
| WORKNET                         | One Reed Street, Philadelphia, PA 19147  | 215-467-5800 |
| WORKNET                         | WORKNET @ Hahnemann University Hospital<br>Broad & Vine Streets, Philadelphia, PA 19102        | 215-762-8525 |
| WORKNET                         | WORKNET @ Roxborough Memorial Hospital<br>5800 Ridge Avenue, Suite 234, Philadelphia, PA 19128 | 215-487-4540 |
| WORK WELL                       | Penn Medicine @ Radnor<br>250 King of Prussia Road, Radnor, PA 19087                           | 610-902-5656 |

**I have read, I understand and I received a copy of the work-related injury procedure:**

\_\_\_\_\_  
EMPLOYEE SIGNATURE/DATE

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INTERVIEWER SIGNATURE/DATE