

## Taylor, PA 18517

### Workers' Compensation Program: Designated Health Care Providers

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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.**

**Physicians Health Alliance**  
*Family/General Practice*  
315 S Main St  
Old Forge, PA 18518  
570-457-8364

**Concentra Medical Center**  
*Occupational Medicine*  
*Occupational Medicine Clinic*  
268 Highland Park Blvd.  
Wilkes-Barre Township, PA 18702  
570-822-8831

**†Lake Scranton Urgent Care LLC**  
*Urgent Care Clinic*  
1141 Moosic St Ste 3  
Scranton, PA 18505  
570-800-5926

**Burke, Casey James, DO**  
Hand Surgery Associates LLC  
*Orthopedic Surgery*  
109 Terrace Dr  
Olyphant, PA 18447  
570-483-4603

**Charlton, William P., MD**  
Commonwealth Physician Network, LLC  
*Orthopedic Surgery*  
1000 Meade St Suite 106  
Dunmore, PA 18512  
570-207-0171

**LVPG Occupational Medicine - Pittston**  
*Occupational Medicine Clinic*  
1120 Oak St  
Pittston, PA 18640  
570-299-3384

**Advanced Urgent Care**  
*Urgent Care Clinic*  
305 Mulberry Street  
Scranton, PA 18503  
570-909-9972

**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.**