

**NOTICE TO ALL EMPLOYEES OF  
RIVERSIDE SCHOOL DISTRICT**

If you are injured while at work, your employer has arranged for the payment of your workers' compensation benefits with **Excalibur Insurance Management Services LLC at 570-969-4074**. It is your responsibility to immediately report the injury to your supervisor.

**IN ACCORDANCE WITH THE PENNSYLVANIA WORKERS' COMPENSATION ACT, YOU MUST CHOOSE A PHYSICIAN OR OTHER HEALTH CARE PROVIDER FOR THE FIRST 90 DAYS FROM THE LIST OF PHYSICIANS OR OTHER HEALTH PROVIDERS ON PAGE 2.**

**IN CASE OF WORK-RELATED INJURY OR DISEASE**

If you suffer a work-related injury, **Excalibur Insurance Management Services LLC will pay for reasonable and necessary surgical and medical services, medicines, supplies, orthopedic appliances and prostheses, including training in their use.**

In order to ensure that your medical treatment will be paid for by **Excalibur Insurance Management Services LLC, you must select** from one of the physicians or other health care providers as listed on **Panel of Physicians**. You **must** continue to visit one of these physicians or other health care providers listed above, if you need treatment, **for 90 days from the date of your first visit.**

After this 90-day period, if you still need treatment, you may choose to go to another physician or other health care provider for treatment. If this situation should arise let your employer and your **Excalibur Insurance Management Services LLC Representative know within 5 days of the first visit.**

All physicians and other health care providers must file reports within 10 days after your first visit and at least once a month for as long as treatment continues in order for payment to be considered.

If one of the physicians or other health care providers listed on **the Panel of Physicians** refers you to another physician or health care provider **Excalibur Insurance Management Services LLC will pay the reasonable and necessary bills for these services.**

If you're faced with an **\*immediate medical emergency\*** you may secure initial assistance from a hospital, physician or other health care provider of your choice. You must then seek subsequent treatment from a physician or other health care provider listed on **the Panel of Physicians** for at least the **first 90 days from the date of your first treatment.**

If one of the listed providers recommends invasive surgery, **you are entitled to a second opinion** from a physician of your choice. Should your physician's opinion differ, and you choose that opinion, **the panel physician will abide by same for 90 days.**

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

**I have read all of the above regarding treatment for my Workers' Compensation injury.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

EXCALIBUR INSURANCE MANAGEMENT SERVICES LLC  
213 SMITH STREET, DUNMORE PA 18512  
PH: (570) 969-4074  
FAX: (570) 969-4172 or (570) 504-0627

**RIVERSIDE SCHOOL DISTRICT  
PANEL OF PHYSICIANS**

**EFFECTIVE: JUNE 1, 2019**

<b>MEDICAL PROVIDER</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>	<b>SPECIALTY</b>
*COMMONWEALTH HEALTH MOSES TAYLOR HOSPITAL	700 QUINCY AVE. SCRANTON PA 18510	570-770-5000	*EMERGENCY CARE
*REGIONAL HOSPITAL OF SCRANTON	746 JEFFERSON AVE. SCRANTON PA 18510	570-770-3000	*EMERGENCY CARE
MID-STATE OCCUPATIONAL HEALTH	1000 MEADE ST. DUNMORE PA 18512	570-209-7160	OCCUPATIONAL MEDICINE
SCRANTON ORTHOPEDIC SPECIALISTS/ COORDINATED HEALTH	334 MAIN ST. DICKSON CITY PA 18519	570-307-1767	ORTHOPEDIC CARE
ORTHOPEDIC CONSULTANTS OF WYOMING VALLEY	390 PIERCE ST. KINGSTON PA 18704	570-288-3535	ORTHOPEDIC CARE
PRO REHAB SERVICES (THERAPEUTIC POOL)	3356 BIRNEY AVE. MOOSIC PA 18507	570-347-7790	PHYSICAL THERAPY
PRO REHAB SERVICES (THERAPEUTIC POOL)	1086 HWY 315 BLVD. PLAINS PA 18702	570-823-7761	PHYSICAL THERAPY
CAWLEY PHYSICAL THERAPY & REHAB	1150 S. MAIN AVE. SCRANTON PA 18504	570-207-2787	PHYSICAL THERAPY
NORTHEAST REHAB ASSOCIATES	5 MORGAN HIGHWAY SCRANTON PA 18504	570-346-3744	PHYSICAL THERAPY
ONE CALL DIAGNOSTICS	FOR ALL LOCATIONS & SCHEDULING APPTS.	CALL TOLL FREE 800-872-2875	MRI/IMAGING/XRAYS
JOSEPH DELSERRA MD	1110 CLAY AVE. SCRANTON PA 18510	570-342-0030	GENERAL SURGERY
SCRANTON NEUROLOGICAL ASSOC.	802 JEFFERSON AVE. SCRANTON PA 18510	570-348-1118	NEUROLOGY
ANTHONY ZAMBETTI DC	520 S. MAIN ST. OLD FORGE PA 18518	570-457-0977	CHIROPRACTIC CARE
NORTHEASTERN EYE INSTITUTE	200 MIFFLIN AVE. SCRANTON PA 18503	570-342-3145	OPHTHALMOLOGY
**ALIUS HEALTH LLC **(RX CARD)**(SENT VIA US MAIL)	PRESCRIPTION CARD ACCEPTED AT ALL PHARMACIES	844-661-4463	PHARMACY RX (PRESCRIPTIONS)

\* Follow Up with a Panel Occupational Medicine Provider for Continuing Treatment

\*\* Pharmacy Benefit Manager for RX (Prescriptions).

\*\* Attempted Misuse of RX Card will be referred to Fraud Division.

**REMINDER**

**IN ORDER TO ENSURE THAT YOUR MEDICAL TREATMENT WILL BE PAID FOR BY EXCALIBUR INSURANCE MGMT. SERVICES, YOU MUST SELECT FROM ONE OF THE PHYSICIANS OR HEALTH CARE PROVIDERS AS LISTED ABOVE.**

You must continue to visit one of these physicians or other health care providers listed above, if you need treatment, for 90 days from the date of your first visit.

After this 90-day period, if you still need treatment, you may choose to go to another physician or health care provider. If this situation should arise, let your employer and your Excalibur Insurance Mgmt. Services Claims Representative know within 5 days of the first visit.

I have read all of the above regarding treatment for my Workers' Compensation injury.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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213 SMITH STREET, DUNMORE PA 18512  
PH: (570) 969-4074 FAX: (570) 969-4172 OR FAX: (570) 504-0627**