



PA

Thank you for choosing The Hanover for your Workers' Compensation needs. We are pleased to provide you with some information regarding future filing of claims, and other state specific information that will assist you with your claims reporting. You will find this information in the enclosed packet.

The Hanover has four methods for reporting new workers' compensation losses:

- Phone In: Call 1-800-628-0250, follow prompts for reporting WC new losses.
- Fax In: Fax completed First Report to 1-800-762-7788
- Online: www.hanover.com Choose "Report a Claim" at the top of the page, then choose "Workers' Compensation Claim" under Business Claims.
- E-Mail: E-mail completed First Report of Injury to WCNEWLOSSES@hanover.com

All four options are available 24 hours per day, 7 days per week. Upon receipt and entry of your claim into our system, your agent will receive a notification of the claim for their records. This occurs within 1 business day of receipt of your report.

The most essential part of a workers' compensation claim is prompt notification to us to allow prompt investigation, payment of benefits to your injured worker if appropriate, and to avoid any potential for late filing penalties that may be assessed by your state.

Welcome to The Hanover.

We look forward to working with you.

NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted at Find the closest medical facility available for you to view. Also, you may get a copy of this list from N/A

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f.1)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

MEDICAL TREATMENT: DURING THE FIRST 90 DAYS

- ☛ You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.
- ☛ You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.
- ☛ You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.
- ☛ You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.
- ☛ If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.
- ☛ You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.
- ☛ If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90-day period. Therefore, you should talk to your employer before seeking treatment from a provider who is not on the list.

IMPORTANT: The requirements your employer must meet to have a valid list of at least 6 providers are shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

MEDICAL TREATMENT: AFTER THE FIRST 90 DAYS

- ☛ You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.
- ☛ You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given this notice.

Your signature on this form indicates that you have been informed of and you understand these rights and duties. **If you have questions, be sure you have your rights and duties explained to you before signing this form.**

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (check one):

☒ TIME OF HIRE

☐ WHEN I WAS INJURED

☒ OTHER

EMPLOYEE: Another document acknowledged above document DATE: _____

EMPLOYER REPRESENTATIVE: _____ DATE: _____

(OVER)

REQUIREMENTS FOR EMPLOYER'S LIST OF HEALTH CARE PROVIDERS

1. There must be at least 6 health care providers on the list, but there may be more than 6 listed.
2. At least 3 of the health care providers on the list must be physicians.
3. No more than 4 of the health care providers on the list may be coordinated care organizations (CCOs).
4. The names, addresses, phone numbers and areas of medical specialties of all health care providers must be included on the list.
5. The health care providers on the list must be geographically accessible and must have specialties that are appropriate based on the anticipated work-related medical problems of the employees.
6. Your employer must specify on the list if any of the health care providers on the list are employed, owned or controlled by your employer or its workers' compensation insurance company.

NOTE: Your employer's list of health care providers must meet all of the above requirements. If the list does not meet all of these requirements, you do not have to choose a provider from the list. Instead, you have the right to seek medical treatment with any health care provider of your choice.

BUREAU OF WORKERS' COMPENSATION
HELPLINE INFORMATION CENTER
1-800-482-2383 (long-distance calls inside PA)
(717) 772-4447 (local and calls outside PA)

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR DISEASE

EMPLOYEE SOCIAL SECURITY NUMBER

DATE OF INJURY

EMPLOYEE FIRST NAME

MONTH

DAY

YEAR

EMPLOYEE LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

PHONE NUMBER

EMPLOYEE:

MALE ☐ MARRIED ☐

NUMBER OF DEPENDENTS

DATE OF BIRTH

FEMALE ☐ SINGLE ☐

MONTH

DAY

YEAR

OCCUPATION OR JOB TITLE

NCCI CLASS CODE (IF KNOWN)

EMPLOYMENT STATUS

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

EMPLOYER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIC CODE

EMPLOYER FEIN

PHONE NUMBER

COUNTY

FULL PAY FOR DAY OF INJURY?

TIME EMPLOYEE BEGAN WORK

TIME OF OCCURRENCE

YES ☐

NO ☐

AM ☐

PM ☐

AM ☐

PM ☐

LAST DAY WORKED

DATE DISABILITY BEGAN

MONTH

DAY

YEAR

MONTH

DAY

YEAR

DATE EMPLOYER NOTIFIED

DATE RETURNED TO WORK

MONTH

DAY

YEAR

MONTH

DAY

YEAR

CONTACT FIRST NAME

CONTACT PHONE NUMBER

CONTACT LAST NAME



344 1197-1

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)

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 INJURYWERE 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

POLICY/SELF INSURED NUMBER:

INITIAL TREATMENT

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

POLICY PERIOD FROM:

MONTH DAY YEAR

POLICY PERIOD TO:

MONTH DAY YEAR

WITNESS FIRST NAME

WITNESS PHONE NUMBER

WITNESS LAST NAME

PERSON COMPLETING THIS FORM:

NAME:

TITLE:

PHONE:

INSURANCE CARRIER OR THIRD PARTY ADMINISTRATOR (IF SELF-INSURED)

NAME:

STREET

CITY

STATE

ZIP

BUREAU CODE:

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.



pennsylvania
DEPARTMENT OF LABOR & INDUSTRY

BUREAU OF WORKERS' COMPENSATION

REMEMBER:
**It is Important to Tell Your
Employer about Your Injury**

The name, address and telephone number of your employer's workers' compensation insurance company, third-party administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

Employer Name: TRENDS INTERNATIONAL LLC Date Posted: 7-1-14

IF INSURED:

(Complete all applicable spaces)

Name of Insurance Company:

THE HANOVER INSURANCE COMPANY

Address: 440 LINCOLN ST PO BOX 15063

WORCESTER, MA 01615

Telephone Number: 508-855-1000

Insurer's Bureau Code: _____

**IF SOMEONE OTHER THAN INSURER IS
HANDLING CLAIMS:**

(Complete all applicable spaces)

Name of TPA (Claims administrator):

N/A

Address: _____

Telephone Number: _____

IF SELF-INSURED:

(Complete all applicable spaces)

Name of person handling claims at
the self-insured: N/A

Address: _____

Telephone Number: _____

Self-Insured Bureau Code: _____

**IF SOMEONE OTHER THAN SELF-INSURER
IS HANDLING CLAIMS:**

(Complete all applicable spaces)

Name of TPA (Claims administrator):

Address: _____

Telephone Number: _____

Department of Labor & Industry | Bureau of Workers' Compensation | 1171 S. Cameron Street, Room 103 | Harrisburg, PA 17104-2501
717.772.0621 | www.dli.state.pa.us

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

CORVEL

Trends International, LLC - Pa Physician Panel Listing
2015

PA

NOTICE TO ALL EMPLOYEES

If you sustain a compensable accident while at work, your employer has arranged for the payment of your medical care with your insurance payor. It is your responsibility to immediately report the injury to your supervisor.

IN CASE OF INJURY

Under the terms and conditions of the Pennsylvania WORKERS' COMPENSATION (Section 306 (f.1) (I) (I) of the (Medical Benefits) your employer has the right to select and authorize physicians to treat employees for a period of 90 days following the first visit. If during the 90-day period you visit other providers, your employer or your employer's insurance carrier may refuse to pay for such treatment. The following physicians, who participate in CorVel Corporation Managed Care Network, have been selected to provide treatment for job related disability.

If you suffer a work-related injury, your insurance payor will pay for reasonable and necessary surgical and medical services, medication, supplies, orthopedic appliances and prosthesis including training in their use. After 90 days, you as the employee have the right to be treated by the medical provider of your choice provided you give notice of your intent to employ such provider and you provide in writing within 5 days of receiving service, notice that you exercised this right. The following page(s) are suggested providers participating in our managed care network. They offer quality care to you at affordable prices to your employer. If you decide to use a provider from this list; you would not be required to give notification as indicated above.

If the injury is a medical emergency, ensure that the injured employee is transported to the nearest emergency treatment facility. If you need assistance making an appointment for medical treatment, you may call CorVel toll-free at 888-699-6665. Your Panel of Physician is attached hereto. Please speak with your supervisor now if you have any questions.

You may reach CorVel for assistance in locating a physician within our network by dialing 888-699-6665 or e-mail us at inquiry@corvel.com

This panel is in effect during your worker's compensation policy period with your insurance payor. Report all work related injuries to your supervisor immediately.

CORVEL

Trends International, LLC - Pa Physician Panel Listing
2015

PA

Chiropractic

Ozanne, Keith E
1226 W Broad St
Quakertown, PA 18951
(215) 536-2225

General Practice

Malz, Martin
614 Clifton Ave
Collingdale, PA 19023
(610) 583-7322

Industrial Medicine

Campbell, Eric
532 W Pittsburgh St
Greensburg, PA 15601
(724) 850-6932

Minor Emerg/Urgent Care C

Bucktail Medical Center
1001 Pine St
Renovo, PA 17764
(570) 923-1000

Occupational Medicine

Mathew, Anna T
351 W Beau St
Washington, PA 15301
(412) 828-4597

Physiatrist/Physiatry

Adom, Edwin
255 S 17th St # 2704
Philadelphia, PA 19103
(215) 545-5116

Family Practice

Hoyt, David G
420 Hillcrest Ave
Grove City, PA 16127
(412) 662-1930

Imaging/MRI

Penn Diagnostic Center Inc
1801 Market St Ste 200
Philadelphia, PA 19103
(215) 569-1819

Internal Medicine

Desai, Jayesh B
226 E Church St
Somerset, PA 15501
(814) 443-1908

Multi-Specialty Group

Bahl Medical Associate
10922 Frankstown Rd
Pittsburgh, PA 15235
(412) 241-6111

Orthopedics/Orthopedic Su

Campbell, Barbara J
223 S Pleasant Ave Ste 301
Somerset, PA 15501
(814) 443-6588

Physical Therapy

Socha, Lois J
1054 1/2 Grandview Rd
Oil City, PA 16301
(814) 677-7742

If the injury is a medical emergency, ensure that the injured employee is transported to the nearest emergency treatment facility. If you need assistance making an appointment for medical treatment, you may call CorVel toll-free at 888-699-6665.

You may reach CorVel for assistance in locating a physician within our network by dialing 888-699-6665 or e-mail us at inquiry@corvel.com

For Assistance in Scheduling MRI or Diagnostic Testing Call 888-922-7347

For Assistance in Scheduling Physical Therapy Call CareIQ Toll Free # 888-922-7347

CorVel has made every effort to ensure the accuracy of this listing. However, changes may occur daily. We recommend that you confirm with the healthcare provider, prior to receiving services, that he/she is currently participating with CorVel or one of CorVel's affiliate networks.