

**The York Water Company Inc - Elizabethtown (17022)**  
(12/12/2024)  
NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

Eastern Alliance Insurance Group  
PO Box 83777  
Lancaster, PA 17608-3777  
(717) 396-7095  
(855) 533-3444

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers:
3. You must continue to visit one of the physicians listed below, if you need treatment, for ninety (90) days from the date of your first visit.
4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
6. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer designated provider for up to 180 days.
7. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work-related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

**PLEASE CALL EASTERN ALLIANCE'S SCHEDULING SERVICES TOLL FREE AT  
1-855-572-3926 FOR ASSISTANCE IN SCHEDULING PHYSICAL/OCCUPATIONAL  
THERAPY OR CHIROPRACTIC REHABILITATION OR SEND THE REFERRAL FORM TO  
[easternreferrals@medrisknet.com](mailto:easternreferrals@medrisknet.com)**

<u>Name</u>	<u>Address</u>	<u>Scheduling</u>	<u>Area of Specialty</u>
Concentra Medical Center	113 Butler Ave Lancaster, PA 17601	717-391-3087	Occupational Medicine
Patient First Primary and Urgent Care - East York	2960 E Market St York, PA 17402	717-751-2483	Occupational Medicine
Lancaster Orthopedic Group	1009 E Main St Mount Joy, PA 17552	717-560-4200	Orthopedics
Penn State Medical Center Bone & Joint Institute	30 Hope Dr Bldg B Ste 2400 Hershey, PA 17033	717-531-5638	Orthopedics
UPMC Central Pennsylvania Surgical Associates	875 S Arlington Ave Harrisburg, PA 17109	717-652-1107	General Surgery
Mid-Atlantic Eye Consultants	1600 6th Ave Ste 119-B York, PA 17403	717-650-6148	Ophthalmology
KeyScripts	Call Toll Free for Closest Location	1-866-446-2848	Pharmacy
KeyScripts	Call Toll Free for Closest Location	1-866-446-2848	Durable Medical Equipment
MedRisk	Call Toll Free for Scheduling	1-855-572-3926	Physical and Occupational Therapy Chiropractic Care
One Call Care Management	Call Toll Free for Closest Location	1-866-695-3265	MRI
One Call Care Management	Call Toll Free for Closest Location	1-866-695-3265	Durable Medical Equipment
Carlisle Medical, Inc.	Call Toll Free for Closest Location	1-800-553-1783	Durable Medical Equipment

**The York Water Company Inc - Elizabethtown (17022)**  
 (12/12/2024)  
 NOTA A EMPLEADOS EN CASO DE LESIONES DE TRABAJO

Eastern Alliance Insurance Group  
 PO Box 83777  
 Lancaster, PA 17608-3777  
 (717)396-7095  
 (855)533-3444

1. Si sufre una lesión en el trabajo o su empleador o su compañía de seguros le deben pagar por servicios y suministros razonables quirúrgicos y médicos, aparatos y prótesis ortopédicos, inclusive la instrucción en su uso.
2. Para asegurar que su tratamiento médicos sea pagado por su empleador o la compañía de seguros, usted debe seleccionar uno de los proveedores de la lista abajo de esta página.
3. Debe de seguir consultando a uno de los médicos de la lista que se encuentra abajo de este página si necesita tratamiento, por noventa (90) días de la fecha de su primera visita.
4. Si una de las personas de este lista le se refiere a otro especialista licenciado, su empleador o su asegurador pagarán las facturas para estos servicios.
5. Despues de los primeros noventa (90) días, si usted todavia necesita tratamiento y su empleador le ha proporcionado una lista como la que se encuentra abajo, usted puede escoger ir a otro proveedor de la asistencia medica para el tratamiento. Debe notificar a su empleador de este acción dentro de cinco días de su visita inicial.
6. Si su médico de la lista le receta cirugía invasiva, usted puede pedir una segunda opinión de cualquier otro médico. Si la opinión del otro médico difiere de la del médico de la lista usted puede decidir que tipo de tratamiento desea recibir. Sin embargo, la segunda opinion deberá contener un plan de tratamiento especifico y detailedo. Si usted elige la segunda opinión, los procedimientos de la segunda opinión deberan ser realizados por uno de los médicos de la lista por los primeros noventa (90) días. Por lo tanto, en este situación, el trabajador puede estar obligado a tratar con un proveedor designado por el empleador durante un máximo de 180 días
7. Si usted se enfrenta a una emergencia médica, puede asegurar ayuda de un hospital, médicos, o de un proveedor de asistencia médica de su preferencia para su lesión de trabajo. Sin embargo, cuando la emergencia sea resuelta, usted debe buscar tratamiento de un proveedor de la lista que se encuentra on este página.

**POR FAVOR LLAMADA EASTERN ALLIANCE'S QUE PLANIFICA SERVICIOS TOCA LIBERTA EN  
 1-855-572-3926 PARA LA AYUDA A PLANIFICAR CON FISICO/REHABILITACION  
 DE TERAPIA OCUPACIONAL O QUIROPRACTICA O ENVIAR LA REFERENCIA DE A  
[easternreferrals@medrisknet.com](mailto:easternreferrals@medrisknet.com)**

<u>Nombre de Clínica</u>	<u>Dirección</u>	<u>Consultas</u>	<u>Area De Especialidad</u>
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