

SCHOOL DISTRICT

WHAT TO DO CASE OF A WORK-RELATED INJURY

EFFECTIVE JULY 1,2025 THROUGH June 30, 2026

If you suffer a work-related injury, your health and well-being are our first concerns. If the injury is of a serious nature and requires the assistance of ambulance or rescue personnel, they should be contacted immediately. If the injury is of a less serious nature, the following procedures must be followed:

1. If you suffer a work-related injury, the first thing you MUST do is report the injury to your supervisor. To report your claim, call SDIC @ 1-800-445-6965 or go online to [www.sdicwc.org](http://www.sdicwc.org) . You must also call District Coordinator, Title.
2. If you require a prescription for your work-related injury or disease, do not use your personal health plan prescription card. Please use the MyMatrixx First Fill Sheet, which you will receive in your claim packet. When you report your injury to SDIC, they assign you a claim number. Please use this claim number when seeing a panel physician.
3. If you suffer a work-related injury, SCHOOL DISTRICT or our insurer will pay reasonable surgical and medical services and supplies, orthopedic appliances and prosthetics, including training in their use when needed. To ensure that your medical treatment will be paid for by School District or our insurer, you must select from one of the health-care providers listed below for your initial care:

Occupational Medicine SAMPLE Emergency Medicine

Orthopedic Medicine Chiropractic

Physical Therapy Ophthalmology

NovaCare

1. Please call-in advance for an appointment if you need treatment. You must continue to treat with one of these providers for ninety (90 days) from the date of your first visit.
2. If, after this ninety (90) day period, you still need treatment and the School District has provided this list as set forth above, you may choose to continue with this health care provider, or you may choose another provider. You must notify District Coordinator, Title, of this action within five (5) days of your first visit to the health care provider of your choice. Your bills will be paid if you have provided proper notice and if your provider files reports as required. (These reports must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.)
3. If one of the health care providers listed above refers you to a specialist, the School District will pay for these services as provided by law.

All workers’ compensation claims will be processed on behalf of the School District by:

**SCHOOL DISTRICTS INSURANCE CONSORTIUM**

**1600 PENNBROOK PARKWAY**

**LANSDALE, PA 19446**

**ACKNOWLEDGMENT: I have been informed of and understand my rights and duties as specified herein.**

Signature: Date:

Please Print Name:

* **At time of distribution, this information is accurate to the best of our knowledge. This panel is subject to change based on information received from the medical provider**.