**EMPLOYEE NOTICE**

**OF AUTHORIZED TREATING PHYSICIANS**

Listed below are the medical providers **Employer Name Here** has designated to treat injured workers for workers’ compensation claims. In compliance with the Colorado Workers’ Compensation Rule 8, Effective 1/1/2008, this is to notify you that in the EVENT OF A WORK RELATED INJURY, YOU MUST USE THE SERVICES OF ONE OF THE FOLLOWING **AUTHORIZED TREATING PHYSICIANS** listed below:

|  |  |
| --- | --- |
| Rocky Mountain Medical Group4800 Baseline Rd, Ste 106Boulder, CO 80303(303) 286-1851 | Workwell Occ Med205 S Main St, Ste CLongmont, CO 80501(303) 702-1612 |
| Peak Form Medical Center695 S BroadwayBoulder, CO 80305(303) 402-9283 | Concentra Urgent Care3300 28th StBoulder, CO 80301(303) 541-9090 |
| **Employee, please circle your choice and initial, then sign and date here.***Employee Signature*: Date: |
| Employee Printed Name:  |

By signing below, I am confirming that I personally provided this Designated Provider List to the employee by the following method (check one):

* Hand delivered to employee at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* US First Class Mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Email/Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Employer Representative* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must continue to receive treatment from one of the above **AUTHORIZED TREATING PHYSICIANS** from the date of your first visit.

If you are faced with a medical emergency, you may secure treatment from the nearest physician or medical facility that is able to provide you the necessary care. If follow-up medical treatment is required, you must use the services of one of these **AUTHORIZED TREATING PHYSICIANS** for that follow-up treatment.

|  |
| --- |
| Your claim will be handled by:**CLAIMS ADMINISTRATOR AT:**Next Level AdministratorsP.O. Box 1061Bradenton, FL 34206(P) 877-306-6398 |

**WC – CO POSTER – REVISION DATE 10/21/2019**

Original to Injury File Copy to Employee Fax Copy to Next Level Administrators