**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:

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| --- | --- |
| Silt Family Practice at Valley View2001 Red Feather TrailSilt, CO 81652(970) 876-5700 | Silt Healthcare2001 S Horseshoe TrailSilt, CO 81652(970) 398-3406 |
| Mountain Family Health Center195 14th StRifle, CO 81650(970) 945-2840 | Grand River Primary Care501 Airport RdRifle, CO 81650(970) 625-1100 |
| **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.

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| 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