

**SOUTHERN UTE COMMUNITY ACTION PROGRAMS, INC.**

To: ALL EMPLOYEES  
From: TERESA CAMPBELL  
HUMAN RESOURCE DIRECTOR  
Subject: DESIGNATED MEDICAL PROVIDER FOR WORK-RELATED INJURIES  
AND ILLNESS

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All Cortez TTA employees must obtain treatment of work related injuries and illnesses from:

Cortez Medical Clinic	or	Family Practice Associates
33 N Elm St.		1413 N Mildred Road
Cortez, CO 81321		Cortez, CO 81321
970-565-8556		970-565-4436

In the event of a life- or a limb-threatening emergency, the insured employee will be sent to the nearest emergency medical facility. The workers compensation medical provider must administer follow-up care.

If an unauthorized medical provider treats an employee, the employee will be responsible for payment of said treatment.

All employees must sign below, acknowledging this company policy.

I have read and am fully aware of this company policy regarding medical treatment for work-related injuries and illnesses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Witness

**Please email this completed form to [hr@sucap.org](mailto:hr@sucap.org) – signatures are requested during orientation.**