

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

Montrose Family Practice 5 Hillcrest Plaza Way Montrose, CO 81401 970- 249-9678	OR	Montrose Wellness Center 224 S. Nevada Montrose, Co 81401 970-252-9644
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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 – signatures are requested during orientation.