

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

++++
All Pagosa Springs TTA employees must obtain treatment of work related injuries and illnesses from:

Primary Care Clinic
95 S. Pagosa Blvd.
Pagosa Springs, CO 81147
Phone: 970-731-9545

Animas Occupational Medicine
450 South Camino Del Rio Suite 106
Durango, CO 81301
Phone: 970-385-2390
Fax: 970-385-2392

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.