

IMPORTANT-----PLEASE READ

**DESIGNATED MEDICAL PROVIDER FOR WORK-RELATED INJURIES AND
WORKER'S COMPENSATION CLAIMS**

Please read this fact sheet regarding Worker's Compensation and keep in a handy place, should you need to refer to it at a later date. You will keep the first page and return the second page to the District Administration Office.

- 1. Question: What do I do if I am injured on the job? Who do I contact?**
- 2. Answer: If an injury should occur during regular school hours, please contact your building secretary or principal to complete necessary documentation. If they are not available contact the District RE-5J Administration Office, 587-6051 and talk to Annette Miller or Lydia Garcia. Administration office will process a claim to allow the employee to contact the designated medical provider to set-up an appointment.**
- 3. Question: What type of accidents should I report? What if I'm not going to see a doctor?**
- 4. Answer: Any type of injury must be reported to the administration office within 48 hours of occurrence, whether you plan to see a doctor or not. Whether your injury is minor or major, you will need to fill out an accident report.**

- The School District has authorized the locations below to treat you when you must seek medical treatment for work-related injuries. Medical care received at **UNAUTHORIZED FACILITIES** will be the financial responsibility of the EMPLOYEE. (You cannot go to your personal doctor for a work-related injury and have worker's compensation pay the bill.)
- **NOTE:** The only exception to this policy is a LIFE-THREATENING emergency that requires immediate attention at the nearest medical location. **FOLLOW-UP CARE TO AN EMERGENCY MUST BE DONE AT THE DESIGNATED PROVIDER LISTED BELOW.**

Workwell Occupational Medicine - Greeley
2528 W 16th St
Greeley, CO 80634
Telephone: 970-356-9800

Banner Occupational Health Colorado
1703 E. 18th Street, Bldg 4
Loveland, CO 80538
Telephone: 970-820-4580

Banner Occupational Health Colorado-NCMC
1517 16th Ave Ct
Greeley, CO 80631
(970) 350-6810

CHMG-PVMG-OCC-Health-Loveland
2500 Rocky Mountain Ave, Ste 2200
Loveland, CO 80538
(970) 495-8450

PLEASE RETURN THIS FORM TO RE-5J ADMINISTRATION OFFICE

Worker's Compensation Agreement

Instructions:

- 1. Read Agreement**
- 2. Sign and date agreement**

- I have been informed and understand Weld County School District RE-5J's policy and procedure for all work-related injuries. I have been given a list of the designated providers for all work-related injuries.**
- I also understand that if I do not obtain authorization or choose to use another provider, other than the designated provider, for any non-emergency, non-life-threatening work-related medical care, I will be financially responsible for that care. The only exception to this policy is a life-threatening emergency that required immediate attention at the nearest medical location. Follow-up care must be provided by the designated provider.**

Employee Signature

Date

Administrative Office Signature

Date

New Employee Designated Provider Notification Letter

To: All Employees

From: Weld County School District RE5J

Date: March 4, 2016

Subject: Designated Medical Providers for Work-Related Injuries and Illnesses

All employees must obtain treatment of work-related injuries and illnesses from one of the following medical providers:

Workwell Occupational Medicine - Greeley
2528 W 16th St
Greeley, CO 80634
Telephone: 970-356-9800

Banner Occupational Health Colorado
1703 E. 18th Street, Bldg 4
Loveland, CO 80538
Telephone: 970-820-4580

Banner Occupational Health Colorado-NCMC
1517 16th Ave Ct
Greeley, CO 80631
(970) 350-6810

CHMG-PVMG-OCC-Health-Loveland
2500 Rocky Mountain Ave, Ste 2200
Loveland, CO 80538
(970) 495-8450

In the event of a life- or limb-threatening emergency, the injured employee will be sent to the nearest emergency medical facility. One of the medical providers designated above must provide all follow-up care.

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

I have read and am fully aware of the organization's policy regarding medical treatment for work-related injuries and illnesses. I further understand that I must immediately report any work-related injury to my supervisor.

All employees must sign below, acknowledging this policy.

Employee's name

Employee's signature

Date