

CITY OF GUNNISON DESIGNATED PROVIDER NOTIFICATION LETTER



TO: All Employees

FROM: City of Gunnison

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:

1. NAME: GVH Family Medicine

ADDRESS: 707 N Iowa

CITY, STATE & ZIP: Gunnison, Co 81230

PHONE: 970-642-8413

2. NAME: Town Clinic of Crested Butte PLLC

ADDRESS: 214 6th ST STE1

CITY, STATE & ZIP: Crested Butte, Co 81224

PHONE: 970-349-6749

3. NAME: Lake City Area Medical Center

ADDRESS: 700 Henson

CITY, STATE & ZIP: Lake City, Co 81235

PHONE: 970-944-2331

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