

EMPLOYEE NOTIFICATION LETTER

TO: All Employees
FROM: Chad Lambert
DATE: 05/01/2024
SUBJECT: Designated Medical Provider for Work Related Injuries and Illnesses.

Effective immediately, all employees must obtain treatment of work-related injuries and illnesses from one of the following medical providers:

Name: St. Elizabeth Hospital	Name: Brush Medical Group
Address: 1000 Lincoln St., Suite 101	Address: 1224 Edison St., Suite A
City, State, Zip: Fort Morgan, CO 80701	City, State, Zip: Brush, CO 80723
Phone: 970-542-4390 or 970-542-4440	Phone: 970-842-5010 or 970-542-4440
Non Emergency After Hours #: 970-542-4390	Non Emergency After Hours #: N/A
Name: Banner Occupational Health Clinic	Name: Sterling Clinic
Address: 1517 16th Ave	Address: 620 Iris Dr
City, State, Zip: Greeley, CO 80631	City, State, Zip: Sterling, CO 80751
Phone: 970-810-4121	Phone: 970-522-6691
Non Emergency After Hours #: N/A	Non Emergency After Hours #: N/A

In the event of a non-emergency, after hour's injury, contact the provider at the non-emergency number listed above.

In the event of a life-or-limb-threatening emergency, the insured 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 of said treatment.

All employees must sign below, acknowledging this company policy.

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

Signature of Employee: _____

Date: _____