

**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	<b>OR</b>	Montrose Wellness Center
5 Hillcrest Plaza Way		224 S. Nevada
Montrose, CO 81401		Montrose, Co 81401
970- 249-9678		970-252-9644

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](mailto:hr@sucap.org) – signatures are requested during orientation.