

Southern Colorado Community Action Agency, Inc.

To: ALL EMPLOYEES
From: LORI NIEWOLD, Executive/Development Director
NITA EMERSON, Human Resource Coordinator/Admin. Asst.
Subject: DESIGNATED MEDICAL PROVIDER FOR WORK-RELATED INJURIES AND ILLNESS

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

Animas Occupational Medicine
450 Camino Del Rio Ste 106
Durango, CO 81301
Phone: 970-385-2390
Fax: 970-385-2384

La Plata Family Medicine Associates
316 Sawyer Dr.
Durango, CO 81303
Phone: 970-259-3110
Fax: 970-259-6605

San Luis Valley Health Occupational Medicine
2115 Stuart St.
Alamosa, CO 81101
Phone: 719-589-8110
Fax: 719-589-8111
Hours: M-F 8:00 AM – 5:00 PM

Southwest Internal Medicine
111 N. Park St.
Cortez, CO 81321
Phone: 970-564-8730

DCMH Family Medicine
555 Meeker St.
Delta, CO 81416
Phone: 970-874-5777
Fax: 970-874-1631
Does Not Accept Walk-Ins

Monte Vista Medical Clinic
1033 2nd Ave.
Monte Vista, CO 81144
Phone: 719-852-8827

Montrose Wellness Center
224 S. Nevada
Montrose, CO 81401
Phone: 970-252-9644

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

Grand Valley Occupational Medicine
2004 N. 12th St
Grand Junction, CO 81501
Phone: 970-256-6490
Fax: 970-245-3925
Hours: M-F 7:00 AM – 5:00 PM

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.

In the event of a non-emergency, or after doctor’s office hours injury, the employee will be sent to the Emergency Room Registration at their nearest Medical Center. Again, the designated 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.

Employee Signature

Date

Witness Signature

Date