# DESIGNATED MEDICAL PROVIDER

OFFICE OF MANAGEMENT AND BUDGET
RISK MANAGEMENT DIVISION
SFN 53758 (6-2013)

We are participating in the Risk Management Workers Compensation Program. This allows the State to designate health care providers to treat your workplace injuries and illnesses. **Workforce Safety and Insurance may not pay for medical treatment to another provider unless you are referred to this provider by the designated medical provider, or unless you notified us in writing prior to the injury that you wanted to be treated by a different medical provider.** You must also name the medical provider you designate. **Emergency care is exempt from this designated provider requirement.**

Our Designated Medical Providers are the providers specified below.

| | |
|---|---|
| | Effective Date |
| Agency | |
| Agency's Designated Medical Provider | |

I have been informed of the agency's Designated Medical Provider and the provisions of the program and the requirements concerning treatment for workplace injury and illness.

| | |
|---|---|
| Employee ID Number | Employee Name |
| Employee Signature | Date |

I do not wish to designate the agency's medical provider. I wish to designate the following provider to seek treatment from in the event of a workplace injury or illness.

| | | | |
|---|---|---|---|
| Designated Provider | | | |
| Address | City | State | ZIP Code |