

>> New-Hire Designated Provider Notification Letter

TO: All Employees

FROM: Organization Name

DATE:

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:

Name:

Name:

Address:

Address:

City, State & Zip:

City, State & Zip:

Phone:

Phone:

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 Name: _____

Employee Signature: _____ **Date:** _____