

## >> New-Hire Designated Provider Notification Letter

**TO:** All Employees

**FROM:** Metro West Housing Solutions

**DATE:** January 2022

**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:

**Concentra Medical Centers**  
11185 W. 6th Avenue  
Lakewood, CO 80215  
Ph: 303-239-6060  
Fax: 303-239-6046

**AFC Urgent Care**  
12105 W Alameda Pkwy, Ste 100  
Lakewood, CO 80228  
Ph: 303-988-3600  
Fax: 303-988-3604

**SCL – Green Mt.**  
12790-A W Alameda Pkwy  
Lakewood, CO 80228  
Ph: 303-403-6350  
Fax: 303-403-6372

**On The Mend Occupational Med**  
3900 S Wadsworth Blvd, Ste 325  
Lakewood, CO 80235  
Ph: 303-634-2970  
Fax: 303-634-2976

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:** \_\_\_\_\_