

## Designated provider list notification letter for an injured worker

Organization name: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

**Subject:** Designated provider list notification letter for an injured worker

I am sorry to learn that you have been injured. To make sure you receive the care you need, we are filing a claim with our workers' compensation insurance carrier, Pinnacol Assurance. Pinnacol will contact you with your claim number and additional information. In the meantime, you should see one of the medical providers we have selected to treat our injured employees. These medical providers specialize in on-the-job injuries, and I want you to have the best possible care.

1. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, state, zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, state, zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, state, zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, state, zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

Please contact one of these medical providers to be seen as soon as possible. After your first appointment, please follow up with me so we can review your medical status and work capabilities.

The respondent's representative is our workers' compensation insurance company, Pinnacol Assurance. Please see the contact information below.

**Pinnacol Assurance, 7501 E. Lowry Blvd., Denver, CO 80230-7006, Phone: 303.361.4000 or 800.873.7242**

If you have questions, please contact me. My goal is to ensure that you get the care you need to recover quickly and return to work as soon as possible.

**Organization name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, state, zip:** \_\_\_\_\_

### Employer's representative for workers' compensation

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Hand-delivered on: \_\_\_\_\_

Mailed to injured worker on: \_\_\_\_\_

**Employer signature:** \_\_\_\_\_

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*