DESIGNATED MEDICAL PROVIDER FORM

We are participating in the North Dakota Workforce Safety Insurance Risk Management Program. This allows us to designate health care providers to treat your workplace injuries and illnesses. These providers can be individuals, clinics, hospitals or any combination thereof. They also can be medical doctors, chiropractors, osteopaths, dentists, optometrists, podiatrists, psychologists or any combination of these providers. Workforce Safety may not pay for medical treatment to another provider unless you are referred by our designated provider or unless you notify us in writing prior to an injury that you want to be treated by a different medical provider. You must also name your different medical provider. Emergency care is exempt from this designated provider requirement.

The Designated Medical Provider for the Mandan Park District is Sanford Health.

Name of Employee:____________________________________________

I have been informed of the Mandan Park District’s Designated Medical Provider and the provisions of the Workforce Safety and Insurance requirements concerning treatment for workplace injury and illness.

Signature of Employee:______________________________ Date:__________

I wish to add the following provider so that in the event of a workplace injury or illness I can seek treatment from this additional designated provider:

Additional provider name:_____________________________________

Street address:______________________________________________

____________________  __________  __________
City       State       Zip

Additional provider name:_____________________________________

Street address:______________________________________________

____________________  __________  __________
City       State       Zip