

**Adams County BOCES Member  
Workers' Compensation Authorization for Evaluation or Treatment**

Employee Name: \_\_\_\_\_ Scheduled Work Hours: \_\_\_\_\_

District Contact Phone: 303.853.1148/303-853-1007

Risk/Facilities Manager Phone: 303.853.1148/1007

Date Sent In: \_\_\_\_\_

Time Sent In: \_\_\_\_\_  am  pm

Authorized By: \_\_\_\_\_

**Notice and Acknowledgment**

**Your employer contact is:**

Human Resources  
Phone: 303-853-1007

Mapleton Public Schools  
7350 N. Broadway  
Denver, CO 80221

**Your Insurance Carrier Contact Information:**

Adams County BOCES TPA; CCMSI  
P.O. Box 4998  
Greenwood Village, CO 80111  
Phone: 1-888-428-4671

*I acknowledge that the provider I identified below is my choice and that I have read and understand this notice.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Workers Compensation Designated Providers (choose one)**

In compliance with State Workers' Compensation rules, you, the injured employee must choose a Workers' Comp Medical Provider from one of the following choices.

<p>Colorado Occupational Medical Partners <b>9025 Grant Street, Suite 200</b> <b>Thornton, CO 80229</b> Phone: (303) 292-0034</p> <p><b>Doctor:</b> <input type="checkbox"/> Bryan T. Alvarez, M.D.</p>	<p>Injury Care Associates &amp; Occupational Medicine <b>9351 Grant Street, Suite 600</b> <b>Thornton, CO 80229</b> Phone: (720) 531-8377 Fax: (303) 451-8990</p> <p><b>Doctor:</b> <input type="checkbox"/> James Fox, M.D. <input type="checkbox"/> Richard Pompei, D.O. <input type="checkbox"/> Brandon Young, D.O.</p>
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**NOTE:** In the case of an emergency situation, you should go to any physician or medical facility that is able to provide medical care. **Once the emergency has resolved, you must obtain all future medical care from the medical provider you have chosen.** If you are away from the usual place of employment at the time of the injury, you may be referred to a physician in the vicinity of the injury.