

**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 9025 Grant Street, Suite 200 Thornton, CO 80229 Phone: (303) 292-0034</p> <p>Doctor: <input type="checkbox"/> Bryan T. Alvarez, M.D. <input type="checkbox"/> Matthew Lugliani, M.D.</p>	<p>Injury Care Associates & Occupational Medicine 9351 Grant Street, Suite 600 Thornton, CO 80229 Phone: (720) 531-8377 Fax: (303) 451-8990</p> <p>Doctor: <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.