

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: 303-853-1148

Mapleton Public Schools
7350 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.

Colorado Occupational Medical Partners 9025 Grant Street, Suite 200 Thornton, CO 80229 Phone: (303) 292-0034 Doctor: ☐ Jason Rivera, M.D. ☐ Mathew Lugianai, M.D.	Injury Care Associates & Occupational Medicine 9351 Grant Street, Suite 600 Thornton, CO 80229 Phone: (720) 531-8377 Fax: (303) 451-8990 Doctor: ☐ Richard Pompei, D.O. ☐ Ericson Tentori, D.O.
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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.