

UND DESIGNATED MEDICAL PROVIDER FORM

UND participates in the Workforce Safety and Insurance (WSI) Risk Management Program. This allows the Risk Management Workers Compensations Program (RMWCP) to designate health care providers to treat your workplace injuries and illnesses.

WSI may not pay for medical treatment to another provider unless you are either referred to this provider by the Designated Medical Provider, or unless you designated in writing prior to the injury that you wanted to be treated by a different medical provider. Emergency care is exempt from this requirement. UND employees working outside the State of North Dakota for more than 30 days must seek Workers Compensation from the state in which they are residing and they can do so by contacting Safety & Environmental Health at 777-3341. UND employees that are working in the state must seek medical treatment from one of the following if injured on the job and they are:

GRAND FORKS

Primary DMP: Altru Occupational Health - 780-1546 (Phone) 1300 Columbia Rd. So., Altru Health Institute Bldg. *Can be utilized for all employees for any injuries, including but not limited to those of a serious nature.*

OR

Alternate DMP: UND Student Health Services - 777-2605 (Phone) PO Box 9038, 2891 2nd Ave No., McCannel Hall. *For minor injuries only, such as cuts/scrapes likely requiring only ONE visit..*

OUTSIDE GRAND FORKS

MedCenter One Occupational Health – Bismarck with satellite clinics in Jamestown and Dickinson.

OR

Trinity Health Occupational Medicine - Minot with satellite clinics in Mohall, Sherwood, Parshall, Cando, Stanley, Bottineau, Velva, Westhope, Garrison, New Town, Kenmare, and Williston.

OR

Merit Care Occupational Health - Fargo with satellite clinics in Enderlin, Hillsboro, Mayville, Wahpeton, Valley City, Edgeley, Lisbon, Jamestown, Grafton and Park River.

OR

Altru Health Occupational Medicine in Grand Forks with satellite clinics in Drayton, Cavalier, and Lake Region in Devils

OUTSIDE THE STATE OF NORTH DAKOTA

If working outside the State of North Dakota for more than 30 days, contact Safety & Environmental Health at 777-3341.

Employees intending to see a medical provider other than the University's DMP's must designate this in writing before utilizing that provider's services. This is accomplished by filling in the blanks below. You are not required to designate an additional DMP, but **you must sign and return this form** regardless.

I wish to designate the following provider as a designated provider to seek treatment from in the event of a workplace injury or illness (e.g. Dr. Smith/The Back Clinic - Chiropractic Services):

_____ Physician/Clinic	_____ Situation
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All designations take effect upon submission to the Safety & Environmental Health. This designation does not cover any prior work-related injuries.

This statement remains in effect until another form is submitted by the employee.

Employee Name (**Please Print**): _____ Social Security # _____ EMPLID _____

Employing Dept. _____ Dept. ID _____

Employee Signature: _____ Date: _____

Signing this statement means that you have read and understand the policy.

RETURN COMPLETED FORM TO:

New Employee: Submit to PAYROLL, PO BOX 7127 or FAX: 777-4721

For Form Revision: Submit to SAFETY & ENVIRONMENTAL HEALTH, PO Box 9031 or FAX: 777-4132

(Revised 2/07)