Colorado State University - Pueblo

Date:

Injured Worker's Name: _____

Dear injured worker,

In order to be sure you receive the care you need, we are filing a claim with our workers' compensation third party administrator, Broadspire. They will contact you with your claim number and reporting requirements. In the meantime, you should see one of the medical providers we have selected to treat our injured employees. These providers specialize in on-the-job injuries. Our designated providers are:

| Centura Centers for Occupational Med 4112 Outlook Blvd. Suite 37 Pueblo, CO 81008 719-562-6300 | licine |
|---|--------|
| Emergicare 4117 N. Elizabeth St. Pueblo, CO 81008 719-545-0788 | |
| Southern Colorado Clinic Dept. of Occupational Medicine 3676 Parker blvd. Suite 220 Pueblo, CO 81008 719-553-2207 | |
| St. Mary Corwin ER 1008 Minnequa Ave. Pueblo, CO 81005 719-560-5656 | |

Please sign your name next to the medical provider that you would like to handle your injury. Once your selection has been made, an appointment will be made for you. After your first appointment, please follow up with me, so we can review your medical status and work capabilities together. If you have any questions, please feel free to call me. My goal is to ensure that you get the care you need to recover quickly and return to work as soon as possible.

Sincerely,

Susan Benesch Human Resources Assoc. 549-2076

Workers' compensation insurance contact information: Broadspire POB 5347 Denver, CO 80217-5347 303-752-5400