

Colorado Designated Provider Letter:

The designated provider list is created by the employer and must be provided to the injured employee within seven days from the notification of the injury; it must include at least four physicians / clinics the clinics must be owned by at least two separate entities.

The injured worker must check or mark which clinic they want to go to.

Failure to do so will allow the injured employee to seek treatment with any provider he/she chooses.

If you have multiple locations in Colorado, you may have to provide a separate list for each location. The providers on the list must be within 30 miles of the employer's place of business.

The designated provider list must also contain the name of your company's representative.

The designated provider list with the employee's selection of providers and his/her signature must be sent in to the TPA via fax, mail or email.

Benchmark Administrators
10421 S. Jordan Gateway Blvd. Ste. 400
South Jordan, UT 84095
Toll Free: 888-281-0045
Main office: 801-268-0195
Fax: 801-255-0849

Keep the original in their file and provide a copy to the employee for reference in the event they are injured.

(Remove this portion as it is for information only: The Designated Provider List Notification letter should be created on your company letterhead and include the information below. This letter should be hand-delivered or sent via certified mail / return receipt request to your employee.)

DATE:

TO:

FROM:

SUBJECT: Designated Provider List Notification Letter

To make sure you receive the care you need, we are filing a claim with our workers' compensation insurance carrier Benchmark Insurance Company. The third-party claims administrator, Benchmark Administrators, will be in contact with you to provide your claim number and additional information. In the meantime, see one of the medical providers we have selected to treat our injured employees. These medical providers specialize in on-the-job injuries, and we want you to have the best possible care.

In the event of an emergency, please go to the closest emergency department. Please choose one of the medical providers listed below. This provider will be your Authorized Treating Physician.

1)

2)

3)

4)

Please contact one of these medical providers to be seen as soon as possible. After your first appointment, please contact me so we can review your medical status and work capabilities.

Benchmark Administrators

10421 S. Jordan Gateway Blvd, #400, South Jordan, UT 84095

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If you have questions, please contact me. My goal is to ensure you get the care you need to recover quickly, and return to work as soon as possible.

Employer:

Employer Address:

Employer Workers Compensation Representative:

Employer Phone:

Hand Delivered on _____

Mailed to the injured work on _____, via certified mail/return receipt requested.

Employer Signature: _____

Date: _____