



DESIGNATED MEDICAL PROVIDER SELECTION
 CUSTOMER SERVICE DIVISION
 SFN 58225 (09/2010)

1600 EAST CENTURY AVENUE, SUITE 1
 PO BOX 5585
 BISMARCK ND 58506-5585
TELEPHONE 1-800-777-5033
 Toll Free Fax 1-888-786-8695
 TTY (hearing impaired) 1-800-366-6888
 Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

Please complete a separate form for each business location.

Date	Employer Account Number	Business / Legal Name
Name and title of person providing information		Employer Contact Telephone Number
Business Address / City / State / Zip		

Has the medical provider been informed of your selection? Yes No

If no, WSI will not recognize your selection.

Our designated medical provider(s) for the above location are:

Name	Address	City

If you have additional designated medical providers, please attach additional pages as needed.

Please Note:

- * Designated Medical Provider (DMP) selection should be reviewed annually.
- * The DMP selection does not apply to emergency care.
- * Employees have the right to add additional medical providers to the above list (referred to as opting out)
- * Employees must notify the employer of their additional medical provider or opting out prior to an injury.
- * There can be more than one DMP. DMPs can be individuals, clinics, hospitals or any combination.
- * They can be medical doctors, chiropractors, osteopaths, dentists, optometrists or any combination.
- * The DMP will remain in effect until the employer notifies WSI of changes.
- * If an employee opts out, he/she should retain a copy of the form.

 Employer Signature

 Date

Mail completed form to WSI at:
 Workforce Safety & Insurance
 PO Box 5585
 Bismarck ND 58506-5585

DESIGNATED MEDICAL PROVIDER SELECTION FORM

The designated medical providers for _____ are:
Employer's Name

City	Provider

I have been informed of my employer's designated medical provider provisions.

Signature of Employee	Employee Name (please print)	Date
-----------------------	------------------------------	------

I wish to add the following designated provider(s) to seek treatment from in the event of a workplace injury or illness:

Provider's Name	Provider's Address	
City	State	Zip Code
Provider's Name	Provider's Address	
City	State	Zip Code
Provider's Name	Provider's Address	
City	State	Zip Code

Do not return this form to WSI. This form should be kept by the employer and a copy given to the employee for their records.

DMP selection should be reviewed annually.

WSI may not pay for medical treatment by another provider unless a designated provider refers you or you list the provider above. Emergency care is exempt from the designated medical provider requirement.