

Designated Medical Provider Agreement

This agreement is made and entered into this _____ day of _____, 20_____,
by _____ (Employer) and Trinity Health.
Employer has selected Trinity Health to be their Designated Medical Provider (DMP).

Company: _____

Primary Contact Name: _____

Primary Contact Phone #: _____

Primary Contact Email Address: _____

Secondary Contact Name: _____

Secondary Contact Phone #: _____

Secondary Contact Email Address: _____

Address: _____

Phone: _____

Fax: _____

Cell: _____

The role of the DMP is to:

- Provide prompt and appropriate care to the injured workers.
- Evaluate the injury and develop treatment plans including using the job as part of the recovery process.
- Establish functional capabilities.
- Provide completed reports promptly, including completing a C3 form.
- Establish and maintain communication with the injured worker, employer, and Workforce Safety & Insurance.
- Share in the employer's goal of keeping the injured worker at work, while making sure abilities match job functions.
- Maintain responsibility for the direction of medical management including referral to specialists.

Printed Name: _____

Signature: _____

Title: _____

Date: _____

Provider Name: _____

Signature: _____

Title: _____

Date: _____