



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
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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.



Important Notice to Workers

The information contained in this poster is **effective August 1, 2011**. This poster is updated, reprinted, and distributed to employers every two years for them to post for their workers' reference. For a detailed explanation of the information contained in this poster, please contact WSI at the numbers listed above or visit our web site at www.WorkforceSafety.com.

When you are injured on the job:

1 Notify your employer immediately of the accident and your injury. By law, you must give written or oral notice to your employer within seven days of an accident or after the general nature of your injury becomes apparent. If you fail to notify your employer, Workforce Safety & Insurance (WSI) may consider that failure when deciding whether your claim will be accepted. **NOTE: Even if you feel your injury is not serious enough to need medical treatment, it is important you report your accident to your employer so they are informed of the potential hazard.**

2 Seek first aid or medical attention promptly after a workplace injury. If your employer does not have a Designated Medical Provider (DMP), you may go to a doctor of your choice. If your employer does have a DMP, you are required to see your employer's DMP, UNLESS you informed your employer, in writing, of a different medical provider before any injury occurred. Contact your employer or WSI for more detailed information about this requirement. Emergency medical treatment is exempt from the DMP requirement. Inform the doctor that your injury is a workers' compensation injury. Also, inform the doctor of your work duties and ask if you can return to work within any work restrictions the doctor may impose. Follow restrictions, both on and off the job.

3 File a claim with WSI immediately after a work-related injury occurs (within 24 hours of occurrence). Use one of

three methods: 1) online at www.WorkforceSafety.com, available 24 hours/weekends/holidays (follow online instructions); 2) by hand by completing the First Report of Injury (FROI) Form, or 3) telephonically by calling 1-800-777-5033, 8 a.m. - 5 p.m. on business days.

Whichever claim filing method is used, complete the FROI form with your employer, if possible. Answer all questions fully and honestly on the form. Be sure to have your employer complete the employer's portion of the FROI form. If you have received benefits for an injury and are now off work again for that same injury, you must reapply for benefits in writing. Contact WSI and request a Worker's Notice of Reapplication (C4) form.

4 WSI will inform you of your claim number, in writing, upon registering your claim. **Be sure to always inform the pharmacy and medical provider of your claim number.**

5 **Keep in touch with your employer and provide them with periodic updates on your condition.**

6 **Notify WSI immediately: 1) when you perform any type of work activity, whether you receive pay for it or not; 2) if you change your address or telephone number; or 3) if you apply for either Social Security disability or retirement benefits or are found to be eligible for these benefits.**

Types of benefits available:

Medical Benefits

On an accepted claim, WSI pays for reasonable and necessary work-related medical care and prescriptions in accordance with fee schedule limitations and administrative rule guidelines. Some medical procedures require prior authorization.

Pharmacy Benefits

On accepted claims, WSI will pay for prescriptions that are part of the necessary work-related medical care. All prescriptions must be obtained at pharmacies and medical facilities that are contracted with WSI's prescription benefit management company. WSI does not reimburse for prescriptions that are paid out-of-pocket by an injured worker. WSI will pay for a limited quantity for certain medications under a first fill program while awaiting a decision on the compensability of a claim.

Wage Replacement Benefits

An injured worker may be entitled to wage replacement benefits if their doctor orders them not to work for five or more calendar days in a row because of their work-related injury or illness.

Permanent Partial Impairment (PPI) Benefits

This benefit is for injured workers who suffer permanent physical loss of a body part or function because of a compensable work-related injury. PPI benefits are given only if the full-body impairment meets or exceeds the statutory minimum impairment. Once an injured

worker reaches maximum medical improvement, a doctor will then determine the level of permanent impairment. This is a one-time, lump-sum payment that is tax free.

Return-to-Work Services

These services may be assigned to an injured worker to assist in coordinating medical treatment or return-to-work planning. Different types of return-to-work services include return-to-work case management, medical case management, vocational rehabilitation services, and the Preferred Worker Program.

Reimbursement for Personal Expenses

On accepted claims, WSI will reimburse an injured worker (upon their request) for mileage, meals, and other out-of-pocket costs that are necessary for their medical care, within the limits of the law. Original, itemized, and dated receipts are required (certain conditions apply). Injured workers can download the appropriate form (C40a) from our web site or request it from our office.

Death Benefits

WSI pays death benefits to the survivors of workers killed in work related accidents. Survivors must file a claim within two years of the worker's date of death. Survivors receive 2/3 of the deceased worker's gross weekly wage, up to a maximum of 125% of the state's average weekly wage. Total benefits may not exceed \$300,000. Funeral expenses are payable up to \$10,000.