

**DESIGNATED MEDICAL PROVIDER**

We are participating in the North Dakota Worker’s Safety and Insurance, and ND Risk Management Program. This allows us to designate health care providers to treat your workplace injuries and illnesses. These providers can be individuals, clinics, hospitals or any combination thereof. They can be medical doctors, chiropractors, osteopaths, dentists, optometrists, podiatrists, psychologists or any combination of these providers. Workforce Safety and Insurance may not pay for medical treatment to another provider unless you are referred by our designated provider or unless you notify us in writing prior to an injury that you want to be treated by a different medical provider. You must also name your different medical provider. Emergency care is exempt from this designated provider requirement.

The Designated Medical Provider’s for North Dakota State College of Science are:

**Merit Care Clinic or Dakota Clinic**

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(Cut or tear on dotted line and return bottom portion)

Name of Employee (please print): \_\_\_\_\_

I have been informed of the Designated Medical Provider and provisions of the Workforce Safety and Insurance requirement concerning treatment for workplace injury and illness.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

I wish to add the following provider as a designated provider to seek treatment in the event of a workplace injury or illness.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

EMPL ID: \_\_\_\_\_

Full Time Employee \_\_\_\_\_ Temporary Employee \_\_\_\_\_ Workstudy Student \_\_\_\_\_