

IDAHO STATE UNIVERSITY
Acknowledgment of Notification
of
Preferred Physician or Preferred Healthcare Professional
for
Occupational Injuries and Illnesses

I understand Idaho State University has designated the following Preferred Provider to treat work-related injuries and illnesses. This Preferred Provider will be my initial medical contact in the event that an on-the-job injury or illness occurs, unless emergency circumstances require other initial action or the work-related injury/illness occurs after hours of the Preferred Provider, at which case I will go to Emergency at Portneuf Medical Center. If my condition does not require immediate medical attention and it occurs after hours of the Preferred Provider, I will report to the Preferred Provider the following day. If my condition should require the services of a specialist, I will obtain a medical referral from the Preferred Provider.

Name	Address	Phone
ISU Family Medicine Clinic	465 Memorial Drive	282-4700
After Hours/Emergency Portneuf Medical Center	651 Memorial Drive	239-1000

If I should become ill or be injured on the job, I will immediately contact my supervisor to report the illness or injury. When circumstances permit, I agree to cooperate with my supervisor and the RTW Coordinator to assist in the completion of the *First Report of Injury and Claim for Benefits form* within 24 hours of the reported incident.

I understand if I receive medical care from a healthcare provider other than the Preferred Provider without notifying the State Insurance Fund, Worker's Compensation benefits may be affected and the visit may not be covered.

I have read and understand the ISU Return-to-Work Program.

Employee Name (print) _____ Social Security Number _____

Employee Signature _____ Date _____

c: Personnel file