

		DATE :	
TO:			
FROM:			
SUBJECT: Designated Provider List No	tification Letter		
To make sure you receive the care you need Travelers will contact you with your claim see one of the medical providers we have in on-the-job injuries, and I want you to have	n number and additi selected to treat our	onal information very soon. In the mean injured employees. These medical provi	time, you should
Centura Health Urgent Care Broadmoo	or UCH	ealth Integrity Urgent Care East	
1263 Lake Plaza Dr., Suite 120	4323	Integrity Center Point	
Colorado Springs, CO 80906		ado Springs, CO 80917	
719-776-3330		91-2558	
Mon-Fri 8am-7pm Sat/Sun 9am-5pm	Mon-	Sun 8am-8pm	
HEALTHQUEST MEDICAL INC.	Bria	gate Medical Center	
1495 Garden of the Gods Road, Suite 102		E Woodmen Road	
Colorado Springs, Co 80907		ado Springs, Co 80920	
719-260-9797		64-5080	
Mon-Fri 8am-5pm	Mon-	Sun open 24 hours	
Please contact one of these medical providup with me so we can review your medical The respondent's representative is our weinformation below. Travelers (P&C) Policy# UB3L127783 11070 White Rock Road, Suite 130 Rancho Cordova, CA 95670	l status and work ca orkers' compensation	pabilities. n insurance company, Travelers. Pleas	e see the contact
If you have any questions, please contact return to work as soon as possible.	ne. My goal is to er	sure that you get the care you need to rec	over quickly and
Drive In Autosound Err 4980 Centennial Blvd.	nployer Represent	ative for Workers' Compensation:	
Colorado Springs, CO 80919	Dee Mafnas	719-573-5847 Extension 219	
Hand delivered on: Mailed to injured worker on: Emailed to injured worker on:			
Employee's Signature		Date:	