



DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

SUBJECT: Designated Provider List Notification Letter

To make sure you receive the care you need, we are filing a claim with our worker’s compensation carrier, Travelers. Travelers will contact you with your claim number and additional information very soon. In the meantime, you should see one of the medical providers we have selected to treat our injured employees. These medical providers specialize in on-the-job injuries, and I want you to have the best possible.

**CENTURA CENTERS FOR OCCUPATIONAL MEDICINE CLINIC**  
4112 Outlook Blvd, Suite #325  
Pueblo, CO 81008  
719-562-6300

**ONE CALL MEDECAL INC. URGENT CARE CLINIC**  
1425 w us Hwy 50 Suite BN  
Pueblo, CO 81008  
800-872-2875

**SO. COLORADO CLINIC – URGENT CARE**  
3937 Ivywood Lane  
Pueblo, CO 81005  
719-553-0111 or 2200

**SO. COLORADO CLINIC – URGENT CARE**  
3676 Parker Blvd., Suite 230  
Pueblo, CO 81008  
719-553-2200 or 719-533-2208

Please contact one of these medical providers to be seen as soon as possible. After your first appointment, please follow up with me so we can review your medical status and work capabilities.

The respondent’s representative is our workers’ compensation insurance company, Travelers. Please see the contact information below.

Travelers (P&C)  
Policy# UB3L127783  
11070 White Rock Road, Suite 130  
Rancho Cordova, CA 95670

If you have any questions, please contact me. My goal is to ensure that you get the care you need to recover quickly and return to work as soon as possible.

Drive In Autosound  
4980 Centennial Blvd.  
Colorado Springs, CO 80919

**Employer Representative for Workers’ Compensation:**

Dee Mafnas 719-573-5847 Extension 219

\_\_\_\_ Hand delivered on: \_\_\_\_\_  
\_\_\_\_ Mailed to injured worker on: \_\_\_\_\_

**Employee’s Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(A SIGNED COPY MUST BE OBTAINED FOR CORPORATE OFFICE)**