

# FARGO PARK DISTRICT

## *DESIGNATED MEDICAL PROVIDER FORM*

We are participating in the North Dakota Workforce Safety & Insurance (NDWSI) 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. **NDWSI may not pay for medical treatment to another provider unless 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 for the **FARGO PARK DISTRICT** is  
**SANFORD OCCUPATIONAL HEALTH CENTER.**

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

I have been informed of the Fargo Park District's Designated Medical Provider and the provisions of the North Dakota Workforce Safety & Insurance requirements 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 from in the event of a workplace injury or illness.

Name \_\_\_\_\_

Address \_\_\_\_\_