

Workers Compensation Occupational Medical Providers – University of Denver Treatment for Job-Related Injuries

For EMERGENCY MEDICAL TREATMENT, call 911, then call Campus Safety at 303-871-3000

Steps to start your Workers Compensation Claim (see also <https://www.du.edu/risk/workerscompensation>)

1. Seek treatment immediately if you have a serious or life-threatening injury
2. You and your supervisor should each complete the forms and return to Risk Management **as soon as possible**:
 - a. Employee First Report of Injury
 - b. Supervisor's Report
 - c. A signed copy of this Provider Letter
3. Send the completed forms to Enterprise Risk Management
 - a. Email: risk@du.edu
 - b. Fax: **303-871-4455**
4. For **non-life threatening emergency medical treatment**, select one of the following clinics for medical care. Please call the clinic to verify hours.
 - **Family is generally not allowed to accompany employees into treatment rooms. If Translation services are required, the clinic may bring in their own translators.**
5. If your injury results in an absence lasting longer than three days please reach out to Shared Services to understand your rights and responsibilities under the Family and Medical Leave Act (FMLA). Email: benefits@du.edu or call 303-871-7420.

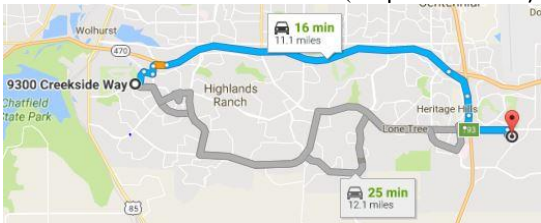
Concentra Medical Centers
1212 S. Broadway, Suite 150
Denver, CO 80210
303-777-2777



On the Mend Occupational Medicine, PLLC
3900 S. Wadsworth Blvd #325
Lakewood, CO 80235
303-634-2970 (Map from Hampden Center)



Centura Centers for Occupational Medicine (CCOM)
11960 Lioness Way, Suite 150
Parker, CO 80134
303-269-2900 (Map from HRGC)



Injury Care Associates
2490 W 26th Ave, Suite A – 5
Denver, CO 80211
303-531-4144



If you are injured after hours, outside of Colorado, or a life threatening injury:
Porter Hospital
2525 S. Downing Street, Denver
(303) 788-5666
-OR-
The nearest Emergency Room

If you have any questions, please contact: **Ryan Talmage**, Risk and Insurance Analyst at **303-871-3810** or risk@du.edu
Workers Compensation Insurer: Pinnacol Assurance - 303-361-4400

Employee Signature _____ Date _____ **please send a signed copy to risk@du.edu**