Brekhus Tile & Stone, Inc
Designated Provider List Notification Letter For An Injured Worker

To complete this letter, fill in the gray fields and print on your organization's letterhead. Then hand-deliver or mail the letter to your employee when you are notified of the injury.

To:

From: Brekhus Tile & Stone, Inc

Date:

Subject: Designated Provider List Notification Letter for an Injured Worker

I am sorry to learn that you have been injured. To make sure you receive the care you need, we are filing a claim with our workers' compensation insurance carrier, Pinnacol Assurance. Pinnacol will contact you with your claim number and additional information. 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 care.

1. Name: MIDTOWN OCCUPATIONAL HEALTH SERVICES PC
Address: 2490 W 26TH Ave STE 300-A
City, State & Zip: DENVER, CO 80211
Phone: 303-831-9393

2. Name: MBI Longmont
Address: 205 S Main STE C
City, State & Zip: Longmont, CO 80501
Phone: 303-702-1612

3. Name: Center for Safety and Health
Address: 660 Bannock ST Pavilion L-7th Floor
City, State & Zip: Denver, CO 80204
Phone: 303-436-7155

4. Name: MBI Aurora Abilene
Address: 1600 S Abilene St Unit D
City, State & Zip: Aurora, CO 80012
Phone: 720-512-4408

5. Name: MBI Aurora Peoria
Address: 3350 Peoria Street STE 190
City, State & Zip: Aurora, CO 80010
Phone: 303-365-4646

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, Pinnacol Assurance. Please see the contact information below.

Pinnacol Assurance
7501 E. Lowry Blvd.
Denver, CO 80230-7006
303.361.4000 or 800.873.7242

If you have 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.

Organization Name and Phone: Brekhus Tile & Stone, Inc 303-494-9255 x801

Address: 860 S Jason Street

City, State & Zip: Denver, CO 80223

Employer's Representative for Workers' Compensation:

Name: Tabitha Grogan

Phone: 720-745-7278

☐ Hand-delivered on: _____

☐ Mailed to injured worker on: _____

_____

Employer's signature

_____   _____

Employee's signature   **Date**