

# UND DESIGNATED MEDICAL PROVIDER FORM

UND participates in the Workforce Safety and Insurance (WSI) Risk Management Program. This allows the Risk Management Workers Compensations Program (RMWCP) to designate health care providers to treat your workplace injuries and illnesses.

WSI may not pay for medical treatment to another provider unless you are either referred by the Designated Medical Provider, or you designated in writing prior to the injury that you wanted to be treated by a different medical provider. Emergency care is exempt from this requirement.

UND employees that are working in the state must seek medical treatment from one of the following if injured on the job and they are:

## GRAND FORKS

**DMP: Altru Occupational Health** - 780-1546 (Phone) 860 Columbia Road South

## OUTSIDE GRAND FORKS

**Sanford Health Occupational Health** – Bismarck, with satellite clinics in Jamestown and Dickinson. **OR**

**Trinity Health Occupational Medicine** - Minot, with satellite clinics in Mohall, Sherwood, Parshall, Cando, Stanley, Bottineau, Velva, Westhope, Garrison, New Town, Kenmare, and Williston. **OR**

**Sanford Health** - Fargo, with satellite clinics in Enderlin, Hillsboro, Mayville, Wahpeton, Valley City, Edgeley, Lisbon, Jamestown, Grafton and Park River. **OR**

**Altru Health Occupational Medicine** - Grand Forks, with satellite clinics in Drayton, Cavalier, and Lake Region in Devils Lake

## OUTSIDE THE STATE OF NORTH DAKOTA OR OVERSEAS

If working outside the State of North Dakota for more any period exceeding 28 calendar days, but still in the United States, fill out the *Out of State Workers Compensation Coverage Form*. If working overseas for less than 30 days, complete the *Travel Outside the U.S. Form* and if working overseas for more than 30 days, must also complete the *Notification of Out of Country Form* and submit to the Office of Safety **at least three weeks prior to travel**. Send forms to Stop 9031 or e-mail it to [UND.safety@UND.edu](mailto:UND.safety@UND.edu). All the forms and instructions are located on this web site: <https://campus.und.edu/safety/resources/forms.html>. Any questions, contact Office of Safety at (701) 777-3341.

**Employees intending to see a medical provider other than the University’s DMP for a work-related injury** must designate this **in writing before** utilizing that provider’s services. This is accomplished by filling in the blanks below. You are not required to designate an additional DMP, but **you must sign and return this form** regardless. **If updating the DMP form, please fill it out with all the medical providers you wish to utilize because the Office of Safety removes the previous form and replaces it with the new DMP.**

I wish to designate the following provider as a designated provider to seek treatment from in the event of a workplace injury or illness (e.g. Altru Family Medicine Residency, Center for Family Medicine – Bismarck, Center for Family Medicine – Minot):

\_\_\_\_\_  
Physician/Clinic

\_\_\_\_\_  
Situation

\_\_\_\_\_  
Physician/Clinic

\_\_\_\_\_  
Situation

\_\_\_\_\_  
Physician/Clinic

\_\_\_\_\_  
Situation

\_\_\_\_\_  
Physician/Clinic

\_\_\_\_\_  
Situation

\_\_\_\_\_  
Physician/Clinic

\_\_\_\_\_  
Situation

All designations take effect upon submission to Office of Safety. This designation does not cover any prior work-related injuries. This statement remains in effect until another form is submitted by the employee.

Signing this statement means that you have read and understand the policy.

Employee Name (Please Print): \_\_\_\_\_ EMPLID \_\_\_\_\_

Employing Dept. \_\_\_\_\_ Dept. ID \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED FORM TO: **UND Office of Safety - Stop 9031** [UND.safety@UND.edu](mailto:UND.safety@UND.edu)

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