

PIKES PEAK

COMMUNITY COLLEGE

TO: All Employees of Pikes Peak Community College
FROM: Executive Director of Human Resources
DATE: August 6, 2015 (revised)
SUBJECT: Designated Medical Facilities for Work Related Injuries

Pikes Peak Community College has implemented a program for Worker's Compensation medical care through Concentra, Centura Centers for Occupational Medicine (CCOM), EmergiCare, and Memorial Occupational Health Network effective July 1, 2015.

If you are injured on the job, be sure to follow these steps:

1. Report the injury to your supervisor AND the Department of Public Safety (extension 2911), IMMEDIATELY. If necessary, you will then receive a referral slip from Public Safety to take to the appropriate doctor or hospital. You will be required to give written notice via the "Employee Statement Form" within four working days (Pursuant to Section 8-43-102(1), C.R.S.).
2. If the injury is an emergency, be sure to go to one of these hospital emergency rooms- Penrose Hospital at 2222 N. Nevada Ave., St. Francis Medical Center at 6001 E. Woodman, Memorial Hospital at 1400 E. Boulder St. or Memorial Hospital at 4050 Briargate Parkway.
3. Identify Pikes Peak Community College as a Broadspire/Worker's Compensation participant to the doctor or Penrose Hospital Staff or as a Memorial Health System Occupational Health Network participant at Memorial Hospital.

If you have any additional questions, please contact Laura Genschorck at 502-2005.

REMEMBER, if you do not use the designated medical provider Broadspire (Worker's Compensation) WILL NOT pay the claim, and you will be PERSONALLY responsible for any charges you incur.

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Concentra South Academy
2322 S. Academy Blvd.
390-1727

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Concentra Rockrimmon
5320 Mark Dabbling Blvd
Bldg. 7, Suite 100
592-1584

CCOM-Audubon Building
3010 N. Circle Suite 100
475-9496

CCOM-Sisters Grove Pavilion
6011 E. Woodmen Road, Suite 100
571-8888

CCCOM-South Colorado Springs
1263 LaSalle Plaza Drive
776-3375

EmergiCare Medical Clinics
3002 S. Academy Blvd
390-7017

EmergiCare Medical Clinics
402 W. Bijou St.
302-6942

EmergiCare Medical Clinics
4083 Austin Bluffs Pkwy.
594-0046

Memorial Occupational Health
175 S. Union Blvd., Suite 315
365-6840



Broadspire®

A CRAWFORD COMPANY

PHARMACY FIRST FILL INFORMATION SHEET FOR WORK-RELATED INJURIES

This form enables you to fill your first prescriptions written by your authorized workers' compensation physician for medications related to your injury.

Please call MyMatrixx (855) 326-3732 for pharmacy locations.

This card is accepted by all major pharmacies.

EMPLOYEE'S INSTRUCTION: Provide the information below to the pharmacy along with your prescription(s).

Employer Name: *State of Colorado*

Employee's SSN # _____

Employee's Name _____

State: CO

Date of Injury _____

Claim Number (if known) _____

TO THE PHARMACY: Please process medications using the state of the employee's workers' residence. Select the BIN# and GROUP# below. For assistance, contact the pharmacy help desk. This form allows you to fill your initial prescriptions with a maximum of \$300 per medication (up to 5 prescriptions) and no more than a 14 day supply.

MyMatrixx Bin#: 014211 Group#: 10602749

Help Desk #: (855) 326-3732

(Rev. 7.1.2015)

PIKES PEAK COMMUNITY COLLEGE CAMPUS POLICE DEPARTMENT
Student Statement

Your Name: _____ Phone: _____ DOB: _____

Your Social Security#: _____

Address: _____ Zip: _____

Job Title: _____ Years Attending PPCC: _____

Department: _____ Division: _____

Supervisor's Name: _____ Phone: _____

Description of Accident

Date of Accident: _____ Time of Accident: _____ Normal Clinical or Intern Hours: _____

Place Where Accident Occurred: _____

What activity are you doing when accident occurred? _____

Exactly what happened to cause the injury? _____

Specify your injury(s): (Be specific: left, right, etc.) _____

Witnesses _____

Your Signature: _____ Date: _____

I acknowledge that I have received the list of designated providers.

Your Signature: _____ Date: _____

