

# Work-related Injuries



Colorado CareAssist

All employees must obtain treatment of work-related injuries and illnesses from one of the following medical providers:

DENVER AREA	COLORADO SPRINGS AREA
<b>Name:</b> AVIATION & OCCUPATIONAL MEDICINE <b>Address:</b> 6900 E. 47TH AVE STE100 <b>City, State &amp; Zip:</b> DENVER, CO. 80216 <b>Phone:</b> 303-333-4411	<b>Name:</b> HEALTHQUEST MEDICAL Inc <b>Address:</b> 1495 GARDEN OF THE GODS Rd ste.102 <b>City, State &amp; Zip:</b> COLORADO SPRINGS, CO 80907 <b>Phone:</b> 719-260-9797
<b>Name:</b> OCCMED COLORADO <b>Address:</b> 3449 CHAMBERS ROAD STE B <b>City, State &amp; Zip:</b> AURORA, CO 80011 <b>Phone:</b> 720-859-6139	<b>Name:</b> EMERGICARE MEDICAL CLINIC <b>Address:</b> 402 W BIJOU <b>City, State &amp; Zip:</b> COLORADO SPRINGS, CO 80905 <b>Phone:</b> 719-302-6942

In the event of a life- or limb-threatening emergency, the injured employee will be sent to the nearest emergency medical facility. One of the medical providers designated above must provide all follow-up care.

**If an unauthorized medical provider treats an employee, the employee will be responsible for payment for said treatment.**

I, \_\_\_\_\_ have read and am fully aware of the organization's policy regarding medical treatment for work-related injuries and illnesses. I further understand that I must immediately report any work-related injury to my supervisor.

All employees must sign below, acknowledging this policy.

\_\_\_\_\_

Signature

\_\_\_\_\_ 2/20/2026 \_\_\_\_\_

Date