Designated Medical Provider Selection Form

Do not return this form to WSI. This form should be kept by the employer and a copy given to the employee for their records. DMP selection should be reviewed annually. WSI may not pay for medical treatment by another provider unless a DMP refers the employee or the employee lists the provider below. Emergency care is exempt from the DMP requirement.

The designated medical provider(s) for Minot State University are;

Name	Address	City	State	Telephone number
Trinity Health	2305 37th Ave SW	Minot	ND	(701) 418-8000

I have been informed of my employer's DMP program

Employee's signature	Employee's name (please print)	Date

I wish to add the following designated medical provider(s) to seek treatment from in the event of a workplace injury or illness

Provider's name	Provider's address	
City	State	ZIP code
Provider's name	Provider's address	
City	State	ZIP code
Provider's name	Provider's address	
City	State	ZIP code

I have added the above designated medical provider(s)

Employee's signature	Employee's name (please print)	Date