



A.I.M. Mutual Insurance Company  
Associated Employers Insurance Company  
Massachusetts Employers Insurance Company  
New Hampshire Employers Insurance Company



Claim **Kit**

in  
partnership  
with  
you



A.I.M. Mutual Insurance Company  
Massachusetts Employers Insurance Company  
New Hampshire Employers Insurance Company  
Associated Employers Insurance Company

As your new workers' compensation insurance carrier, we ask that you report all accidents to us as soon as possible after they occur. Your prompt notification, together with a complete accident report, will help us handle your claims fairly and efficiently. This will also help you avoid fines for late reporting

Here is a supply of the necessary forms along with instructions for their use. You can also find them online at [www.aimmutual.com](http://www.aimmutual.com). Please feel free to contact us at any time with your questions or service requests.

A.I.M. MUTUAL INSURANCE COMPANIES



54 Third Avenue, Burlington, MA 01803-0970

**Workers Compensation Claim Reporting Options - Massachusetts**

**In the event of a serious accident, call us immediately at 1-866-270-3354  
(toll free 24-hour/7 day a week claim reporting)**

Choose from several different ways to report your workers compensation claims to us:

**By Fax:**

For **Medical Only** claims, complete and fax the Medical Only/Med-Fax form into us at **1-781-270-5599**.

**OR**

If this, or any work-related injury results in the employee's total or partial incapacity to earn wages for five (5) or more calendar days, complete and fax the Form 101 (Employers First Report of Injury) to us at 1-781-270-5599. (Remember to give a copy of the Form 101 to the injured employee.) We will submit the Form 101 to the Department of Industrial Accidents (DIA) when the employee has been totally or partially incapacitated from earning wages for five (5) or more calendar days.

**On-Line, over the Internet:**

Sign on to [www.aimmutual.com](http://www.aimmutual.com).

Under Report A Claim, click on Massachusetts. You will be prompted to answer a series of questions similar to the information necessary to complete a Form 101. After answering all of the questions and clicking on SEND, you will receive a message stating your claim has been submitted. It will also state that a Claim Acknowledgement letter containing the claim number and assigned claim representative will be mailed to your company after registration has been completed. Click Print for a copy of the information you sent. We will submit the Form 101 to the Department of Industrial Accidents (DIA) when the employee has been totally or partially incapacitated from earning wages for five (5) or more calendar days. We will also file a Form 101 with the DIA when a Medical Only claim has been changed to a lost time claim. In the event an employee is incapacitated from earning wages for five (5) calendar days or more, you are responsible for giving the employee a copy of the Form 101.

**By Phone:**

**Report claims by calling toll free: 1-866-270-3354.**

**This line is established for reporting new claims only, and facilitates the initial claim reporting process.**

Please have your policy number on hand prior to calling. You will receive a completed Form 101 and a confirmation letter, followed by a claim acknowledgment letter including the name of the Claim Representative assigned to your case. We will submit the Form 101 to the Department of Industrial Accidents (DIA) when the employee has been totally or partially incapacitated from earning wages for five (5) or more calendar days. We will also file a Form 101 with the DIA when a Medical Only claim has been changed to a lost time claim. In the event an employee is incapacitated from earning wages for five (5) calendar days or more, you are responsible for giving the employee a copy of the Form 101.

**After the initial claim report: Please direct ongoing claim and service inquiries to your Claim Representative at our toll free telephone number:**

**1-800-876-2765**

**By Mail:**

Please refer to the Claim Reporting Procedures in your Claim Kit for instructions.



A.I.M. Mutual Insurance Company  
Massachusetts Employers Insurance Company  
New Hampshire Employers Insurance Company  
Associated Employers Insurance Company

## REQUEST FOR MEDICAL SERVICES

Date \_\_\_\_\_

Medical Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Kindly care for the injury sustained by:

\_\_\_\_\_ on: \_\_\_\_\_  
(Name of Employee) (Date)

Description of accident: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ W.C. Policy Number: \_\_\_\_\_

Requested by: \_\_\_\_\_  
(Signature)

**The employee will present this slip to the medical care provider who will  
attach it to the original bill for services.**

**PLEASE SEND BILLS DIRECTLY TO:**

A.I.M. Mutual Insurance Companies  
c/o Corvel Corporation  
P.O. Box 3040  
Acton, MA 01720

**MEDICAL BENEFITS ARE GOVERNED BY THE PROVISIONS OF THE  
WORKERS COMPENSATION LAW OF THE COMMONWEALTH OF  
MASSACHUSETTS.**



## **Workers Compensation Claim Reporting Procedures**

**IT IS IMPORTANT THE INSTRUCTIONS IN THESE PROCEDURES BE FOLLOWED EXACTLY AS OUTLINED.** Prompt filing of the correct forms with all the necessary information helps speed necessary claim investigations and the proper payments of benefits when due. **LATE FILINGS, OR LATE PAYMENTS MAY ALSO RESULT IN PENALTIES IMPOSED ON YOUR COMPANY AND/OR A.I.M. MUTUAL INSURANCE COMPANIES AS YOUR INSURER.**

Keep in mind:

- If it's a serious accident, call us immediately: 1-866-270-3354
- **We will file the Massachusetts Form 101 with the Department of Industrial Accidents regardless of the method you use to report a claim to us.**

If you need additional forms, refer to the Forms Library at [www.aimmutual.com](http://www.aimmutual.com) or request them from A.I.M. Mutual Insurance Companies (*1-800-876-2765, Claim Services Department*).

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**Faxing or Mailing Medical Only Claims to Us**  
**Medical Only / Med-Fax Report**

If you choose to notify us of a Medical Only claim by fax or mail, you need to complete the A.I.M. Mutual Insurance Companies Medical Only / Med-Fax Report whenever:

- ◆ you receive a report of an alleged illness or injury, **AND**
- ◆ that illness or injury **IS NOT** expected to result in the employee being disabled for five or more calendar days.

**Section A** - The injured worker's supervisor or similar person in authority should complete Section A and the Supervisor action section at the bottom of the form.

**Section B** - The injured worker should review, sign and date Section B.

**Section C** - If the injured worker requires medical attention, he or she should take the form to the medical provider. The medical provider must complete Section C.

***Distribution of Copies*** – The medical provider and employee should keep copies of the form. The employer should fax a copy to A.I.M. Mutual Insurance Companies at 781-270-5599 and keep a copy for its files.

- ◆ **Note: Do not file this form with the Department of Industrial Accidents (DIA).**

If this work-related injury results in the employee being disabled for five (5) or more calendar days, please complete a Form 101 and submit it to us by fax or mail. (Remember to give a copy of the Form 101 to the injured employee.) We will then file the Form 101 with the Department of Industrial Accidents.

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**Faxing or Mailing Lost Time First Reports to Us**  
**Form 101 - Employer's First Report of Injury or Fatality**

**The timely filing of Form 101 is very important.**

**Whenever an alleged work-related injury is reported to you resulting in the employee being disabled for five (5) or more calendar days, a "Form 101 - Employer's First Report of Injury" is to be completed. A copy of the completed Form 101 must be given to the injured employee.**

Fax or mail a copy of the Form 101 to A.I.M. Mutual Insurance Companies as soon as possible.

**The distribution of Form 101 is as follows:**

**Original:** A.I.M. Mutual Insurance Companies  
Claim Department  
54 Third Avenue  
P.O. Box 4070  
Burlington, MA 01803-0970

**Copy:** Employee

**Copy:** Employer's File Copy

**A.I.M. Mutual Insurance Cos. will file the Form 101 with the: Department of Industrial Accidents  
Lafayette City Center  
2 Avenue de Lafayette  
Boston, MA 02111**

**ON THE DAY AN EMPLOYEE, who has had five (5) or more calendar days of disability, RETURNS TO WORK, PLEASE CALL A.I.M. Mutual Insurance Companies' Claim Department at 1-800-876-2765 and report the return.**

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**FORM 127**  
**Average Weekly Wage Computation Schedule**

**Form 127 or a similar 52-week gross payroll report must be completed and distributed by the employer immediately after filing Form 101. It is to be distributed as follows:**

**Original:** A.I.M. Mutual Insurance Companies  
Claim Department  
54 Third Avenue  
P.O. Box 4070  
Burlington, MA 01803-0970

**Copy:** Employer's File Copy

This form is necessary every time a Form 101 is filed. It is used to calculate benefits for the injured employee.

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**FORM A.I.M. MUTUAL 20**  
**Request for Medical Services**

Whenever there is a work related injury requiring medical attention, a form, "A.I.M. MUTUAL 20-Request for Medical Services," should be completed. It should be signed by the employer, and then given to the employee. **The completed form should then be presented by the employee to the hospital or physician when the employee seeks medical services.** This will facilitate the medical provider's billing to A.I.M. Mutual Insurance Companies.

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**IMPORTANT**

**1. THE FILING OF FORM 101** with the Department of Industrial Accidents and/or A.I.M. Mutual Insurance Companies **IS NOT AN AGREEMENT THERE HAS BEEN A WORKPLACE INJURY.**

2. A.I.M. Mutual Insurance Cos. will be filing the Form 101 with the Department of Industrial Accidents. If a claim originally reported as a medical only claim becomes a lost time claim, notify the Claim department at 1-800-876-2765. **(Note: A copy of the Form 101 must be provided to the injured employee.)**

**3. FORM 127 OR SIMILAR PAYROLL REPORT SHOULD BE FILED IMMEDIATELY AFTER FORM 101 IS FILED.** This report is used to determine the employee's indemnity payment. Failure to make these payments within the time allowed by law may result in penalties.

**4. If you have any questions regarding the requirements of the Department of Industrial Accidents, you may call their Information Desk on the toll free hotline at 1-800-323-3249 or phone A.I.M. Mutual Insurance Companies' Claim Department at 1-800-876-2765.**

**5. For assistance in completing these forms, refer to the instructions provided.**





**MEDICAL ONLY / MED FAX REPORT**  
 Fax this report to A.I.M. Mutual Ins. Cos. at 781-270-5599  
 Tel. No. 1-800-876-2765

**DO NOT File This Form With  
 The Dept. of Industrial Accidents**  
 MedFax Rev. 5/18

<b>S E C T I O N  A  S U P E R V I S O R</b>	Employee Name (Last, First, MI):		Employee Telephone: ( ) -		Social Security Number: - -	
	Employee Address:		Sex: ( ) F ( ) M		Date of Birth: / /	
	Insurer: <input type="checkbox"/> A.I.M. Mutual <input type="checkbox"/> MEIC <input type="checkbox"/> AEIC <input type="checkbox"/> NH Employers PO Box 4070, Burlington, MA 01803-0970		Location Code:     -       -		Marital Status: ( ) Single ( ) Married	
	Employer:		Employer Telephone: ( ) -		Policy Number:	
	Employee Occupation:		Witness to Accident:		Date of incident: / /	
	Time of incident: ( ) AM ( ) PM		Date of hire: / /		Date assigned to present position: / /	
	Date incident reported: / /		To Whom:		Returned to work: ( ) Yes ( ) No	
	Address where injury occurred (If different from Employer above):		Date of Return to Work: / /		Returned to Regular Job: ( ) Yes ( ) No	
	Type of injury (Burn, Fracture, Cut, etc.):		Average 52 Week Wage: \$ ( ) Estimated ( ) Actual		Injured Body Part(s) (Arm, Leg, Back, etc.):	
	Source of injury (Chemicals, Machinery, etc.):		Name of Employer's Claim Coordinator:			
Height: ft. in.		Weight:		Smoker: ( ) Yes ( ) No If yes, # pack(s) per day:		
Describe what happened:						
<b>Supervisor Signature: _____ Date: ____/____/____</b>						

<b>S E C T I O N  B</b>	<b>Medical Authorization:</b> In accordance with state law, I, the undersigned, authorize A.I.M. Mutual Insurance Companies, as a workers compensation insurer, and its authorized agents or representatives, as well as my employer to be furnished with any information or facts regarding this injury only, including records, diagnosis, medical treatment and prognosis, estimates of disability and recommendations for further treatment. This information is to be used for the sole purpose of evaluating and handling my claim and to assure timely medical care as a result of the incident occurring on or about the above noted date and for no other purpose, now or in the future. I also agree that a photocopy of this release is as valid as the original.					
	<b>Employee Signature: _____ Date: ____/____/____</b>					
	<b>I do not want medical treatment for this injury – Employee Signature: _____ Date: ____/____/____</b>					

<b>S E C T I O N  C  M E D I C A L  P R O V I D E R</b>	<b><u>TREATMENT AREA USE ONLY</u> (To be filled out by Medical Care Provider)</b>					
	Name of Provider: _____		Date: ____/____/____		Arrival Time: _____ ( ) AM ( ) PM	
	Accident Description: _____					
	Preliminary Diagnosis: _____ New Injury/Illness: ( ) Yes ( ) No					
	Related to above incident at work: ( ) Yes ( ) No ( ) Undetermined Pre-existing Condition: ( ) Yes ( ) No					
	Height: ____ ft. ____ in		Weight: _____ lbs.		Smoker: ( ) Yes ( ) No If yes, # pack(s) per day _____	
	<b><u>Recommended Work Status: (Check one and provide additional information as appropriate)</u></b>					
	<b>Full Duty ( )</b>		<b>Modified Duty ( )</b>			
	Full Duty to resume on: ____/____/____		Unable To Immediately Return To Work ( )			
	Modified duty to begin: ____/____/____		Full Duty to resume on: ____/____/____			
	May lift up to: 5 lbs. ( ) 25 lbs. ( ) 40 lbs. ( ) 75 lbs. ( ) No lifting ( )					
	May carry up to: 5 lbs. ( ) 25 lbs. ( ) 40 lbs. ( ) 75 lbs. ( ) No carrying ( )					
	May Push/Pull up to: 5 lbs. ( ) 25 lbs. ( ) 40 lbs. ( ) 75 lbs. ( ) No pushing/pulling ( )					
	Other Duty Modifications: _____					
	Physician Comments: _____					
Follow-Up Appointment With: _____		Date: ____/____/____		Time: _____ ( ) AM ( ) PM		
Physician/Clinician Name: _____		Tel. #: ( ) _____ - _____				
<b>Physician/Clinician Signature: _____ Date: ____/____/____</b>						
<b>SUPERVISOR ACTION:</b> ( ) Returned to Work ( ) Modified Duty ( ) Send Home ( ) Send for Treatment ( ) Notice Only ( ) Medical Only ( ) Lost Industry Code: _____ (see Instruction sheet)						

Please complete, photocopy and give copies to the Employee and Medical Provider. Employers should retain a copy for their file.

# Supervisor's Instructions for Completion of the **MEDICAL ONLY/MED FAX Report**

All work-related incidents are to be promptly reported to the immediate department supervisor on duty who will complete this form.

## EMERGENCIES

In life-threatening situations, seek medical attention immediately; then proceed with completion of this form.

## NON-EMERGENCIES

**SUPERVISOR** - Complete **SUPERVISOR SECTION** (top portion) upon report of injury. If medical attention is refused or not needed, complete **SUPERVISOR ACTION** section, (bottom of form) and send all copies to Human Resources office.

**EMPLOYEE** - Sign the **AUTHORIZATION** section. If you do **not** want medical treatment; also sign the next section indicating you do not wish to have medical treatment.

**PHYSICIAN** - Complete the **MEDICAL TREATMENT SECTION** and sign. Keep a copy.

**When outside medical attention is needed, the employee should be escorted to the appropriate treatment site with TWO copies of the Medical Only/Med Fax Report. One copy is for the Employee. The second copy is for the Physician. Employers should keep a copy for their file.**

<p><i>A.I.M. Mutual Insurance Cos.</i> <i>Immediate Care Facility</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
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## AFTER IMMEDIATE CARE RENDERED

**EMPLOYEE** - Return the completed Report to your supervisor following treatment and keep a copy for yourself.

**SUPERVISOR** - Based on medical instructions (**MEDICAL TREATMENT** section) employee will return to work on full or modified duty, or be sent home.

**- Forward the completed Medical Only/Med Fax Report to A.I.M. Mutual Ins. Cos. within 24 hours.**

<b>INDUSTRY CODES</b>			
<b>Agriculture, Forestry and Fishing</b> 01 Agriculture Production - Crops 02 Agriculture Production - Livestock 03 Agriculture Services 04 Forestry 05 Fishing, Hunting and Trapping <b>Mining</b> 10 Metal Mining 12 Coal Mining 13 Oil and Gas Extraction 14 Nonmetallic Minerals, Except Fuels <b>Construction</b> 15 General Building Contractors 16 Heavy Construction, Ex. Building 17 Special Trade Contractors <b>Manufacturing</b> 20 Food and Kindred Productions 21 Tobacco Products 22 Textile Mill Products 23 Apparel and Other Textile Products 24 Lumber and Wood Products 25 Furniture and Fixtures 26 Paper and Allied Products 27 Printing and Publishing	28 Chemicals and Allied Products 29 Petroleum and Coal Products 30 Rubber and Misc. Plastics Products 31 Leather and Leather Products 32 Stone, Clay and Glass Products 33 Primary Metal Industries 34 Fabricated Metal Products 35 Industrial Machinery and Equipment 36 Electronic and Other Electric Equipment 37 Transportation Equipment 38 Instruments and Related Products 39 Miscellaneous Manufacturing Industries <b>Transportation and Public Utilities</b> 40 Railroad Transportation 41 Local and Interurban Passenger Transit 42 Trucking and Warehousing 43 U.S. Postal Service 44 Water Transportation 45 Transportation by Air 46 Pipelines, Except Natural Gas 47 Transportation Services 48 Communications 49 Electric Gas and Sanitary Services	<b>Wholesale Trade</b> 50 Wholesale Trade – Durable Goods 51 Wholesale Trade – Nondurable Goods <b>Retail Trade</b> 52 Building Materials and Garden Supplies 53 General Merchandising Stores 54 Food Stores 55 Automotive Dealers and Service Stations 56 Apparel and Accessory Stores 57 Furniture and Homefurnishing Stores 58 Eating and Drinking Places 59 Miscellaneous Retail <b>Finance, Insurance and Real Estate</b> 60 Depository Institutions 61 Nondepository Institutions 62 Security and Commodity Brokers 63 Insurance Carriers 64 Insurance Agents, Brokers and Service 65 Real Estate 67 Holding and Other Investment Offices Services 70 Hotels and Other Lodging Places 72 Personal Services 73 Business Services	75 Auto Repair Services and Parking 76 Miscellaneous Repair Services 78 Motion Pictures 79 Amusement and Recreation Services 80 Health Services 81 Legal Services 82 Educational Services 83 Social Services 84 Museums, Botanical, Zoological Gardens 86 Membership Organizations 87 Engineering and Management Services 88 Private Households 89 Services, NEC <b>Public Administration</b> 91 Executive, Legislative and Garden 92 Justice, Public Order and Safety 93 Finance, Taxation and Monetary Policy 94 Administration of Human Resources 95 Environmental Quality and Housing 96 Administration of Economic Programs 97 National Security and International Affairs <b>Nonclassifiable Establishments</b> 99 Nonclassifiable Establishments



DIA USE ONLY

**EMPLOYER'S FIRST REPORT OF INJURY  
 OR FATALITY**

**THIS FORM MUST BE FILED BY THE EMPLOYER IN THE EVENT OF AN INJURY THAT RESULTS IN DEATH OR FIVE OR MORE CALENDAR DAYS OF TOTAL OR PARTIAL INCAPACITY FROM EARNING WAGES.**

*INSTRUCTIONS AND CODES ON THE REVERSE SIDE - Please Print Legibly or Type - Unreadable forms will be returned.*

E M P L O Y E E	1. Employee's Name (Last, First, MI):		2. Home Telephone Number:		3. Social Security Number*:		4. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
	5. Home Address (No., Street, City, State & Zip Code):				5a. Native Language Code: _____ Other: _____		6. Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S	
	8. Date of Hire (mm/dd/yyyy):		9. Date of Birth (mm/dd/yyyy):		10. Average Weekly Wage: \$ _____ <input type="checkbox"/> Estimated <input type="checkbox"/> Actual			
E M P L O Y E R	11. Employer's Name:				12. Federal Tax I.D. Number:			
	13. Employer's Address (No., Street, City, State & Zip Code):				14. Employer's Telephone Number:			
	15. Industry Code (See Reverse Side):				16. Workers' Compensation Insurance Carrier and Tel. No. (NOT LOCAL AGENT/ADMINISTRATOR):			
	17. W.C. Policy Number:				18. Self-Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Self-Insurer Number: _____			
I N J U R Y	19. Business Type : <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Mfg. <input type="checkbox"/> Retail <input type="checkbox"/> Other _____				20a. Insurer's Case/Claim File No.:			
	20. DATE OF INJURY (mm/dd/yyyy):							
	21. Was Employee Injured on Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		22. Location of Injury if not on Employer's Premises:					
	23. FIRST day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):			24. FIFTH day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):				
	25. If Employee has Died, Date of Death (mm/dd/yyyy):			26. Source of Injury (Chemicals, Machinery, etc.):				
	27. Briefly Describe How Injury/Exposure Occurred and Body Part(s) involved:							
	28. Person to Whom Injury was Reported (list position):				29. Date Reported (mm/dd/yyyy):		30. Date Reported as work related (mm/dd/yyyy):	
31. Injury Code(s)                      Body Part Code(s) a.                      to body part    a. b.                      to body part    b. c.                      to body part    c.				32. Witness(es) to Injury - Give Full Name(s), if none state as such:				
33. Has Employee Returned to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				34. Date Employee Returned to Work(mm/dd/yyyy):				
35. Employee's Regular Occupation:				36. Has Employee Returned to Regular Occupation: <input type="checkbox"/> Yes <input type="checkbox"/> No				
P R E P A R E R	37. PREPARER'S Name (SEE INSTRUCTIONS ON REVERSE SIDE):			38. PREPARER'S Title:				
	39. PREPARER'S Signature (SEE INSTRUCTIONS ON REVERSE SIDE):			40. Date Prepared (mm/dd/yyyy):		40a. PREPARER'S e-mail address:		

\*Disclosure of Social Security Number is Voluntary. It will aid in the processing of your report. Form 101 - Revised 5/2009 - Reproduce as needed.

# EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY

## FILING INSTRUCTIONS

1. **WHEN TO FILE:** File this form within 7 calendar days, not including Sundays and legal holidays, of receipt of notice of any injury alleged to have arisen out of and in the course of employment, which totally or partially incapacitates an employee for a period of 5 or more calendar days from earning wages. This form is not an admission of liability, but must be filed even though the Employer may believe that the Employee is not injured, or that the Employee is not entitled to benefits under M.G.L. Chapter 152.
2. **WHERE TO FILE:** This form should be mailed to the Department of Industrial Accidents at the address shown on the front of the form. Copies must also be provided to the Employee and to the Employer's Workers' Compensation insurer.
3. **PENALTIES:** Failure to report injuries on this form may result in a fine of \$100.00 in accordance with M.G.L. Chapter 152, Section 6.
4. **EMPLOYER'S NAME & SIGNATURE IN BOXES 37 & 39:** This form must be filed by the employer or an authorized agent/representative of the employer.

### NATIVE LANGUAGE CODES

1 – English / 2 – Portuguese / 3 – Haitian Creole / 4 – Spanish / 5 – Chinese / 6 – Vietnamese / 7 – Cape Verdean / 9 – Other

### INDUSTRY CODES

<u>Agriculture, Forestry and Fishing</u> 01 Agriculture Production - Crops 02 Agriculture Production - Livestock 07 Agricultural Services 08 Forestry 09 Fishing, Hunting and Trapping  <u>Mining</u> 10 Metal Mining 12 Coal Mining 13 Oil and Natural Gas 14 Nonmetallic Minerals, Except Fuels  <u>Construction</u> 15 General Building Contractors 16 Heavy Construction, Ex. Building 17 Special Trade Contractors  <u>Manufacturing</u> 20 Food and Kindred Products 21 Tobacco Products 22 Textile Mill Products 23 Apparel and Other Textile Products 24 Lumber and Wood Products 25 Furniture and Fixtures 26 Paper and Allied Products 27 Printing and Publishing	28 Chemicals and Allied Products 29 Petroleum and Coal Products 30 Rubber and Misc. Plastic Products 31 Leather and Leather Products 32 Stone, Clay and Glass Products 33 Primary Metal Industries 34 Fabricated Metal Products 35 Industrial Machinery and Equipment 36 Electronic and Other Electrical Equipment 37 Transportation Equipment 38 Instruments and Related Products 39 Miscellaneous Manufacturing Industries  <u>Transportation and Public Utilities</u> 40 Railroad Transportation 41 Local and Interurban Passenger Transit 42 Trucking and Warehousing 43 U.S. Postal Service 44 Water Transportation 45 Transportation by Air 46 Pipelines, Except Natural Gas 47 Transportation Services 48 Communications 49 Electric, Gas and Sanitary Services  <u>Wholesale Trade</u> 50 Wholesale Trade - Durable Goods	51 Wholesale Trade - Non-durable Goods  <u>Retail Trade</u> 52 Building Materials and Garden Supplies 53 General Merchandizing 54 Food Stores 55 Automotive Dealers and Service Stations 56 Apparel and Accessory Stores 57 Furniture and Home Furnishing Stores 58 Eating and Drinking Establishments 59 Miscellaneous Retail  <u>Finance, Insurance and Real Estate</u> 60 Depository Institutions 61 Non-depository Institutions 62 Security and Commodity Brokers 63 Insurance Carriers 64 Insurance Agents, Brokers and Service 65 Real Estate 67 Holding and Other Investment Officers  <u>Services</u> 70 Hotels and Other Lodging Places 72 Personal Services 73 Business Services 75 Auto Repair Services and Parking 76 Miscellaneous Repair Services	78 Motion Pictures 79 Amusements and Recreation Services 80 Health Services 81 Legal Services 82 Educational Services 83 Social Services 84 Museums, Botanical, Zoological Gardens 86 Membership Organizations 87 Engineering and Management Services 88 Private Households 89 Services, NEC  <u>Public Administration</u> 91 Executive, Legislative and Garden 92 Justice, Public Order, and Safety 93 Finance, Taxation, and Monetary Benefits 94 Administration of Human Services 95 Environmental Quality and Housing 96 Administration of Economic Program 97 National Security and International Affairs  <u>Non-classifiable Establishments</u> 99 Non-classifiable Establishments
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### NATURE OF INJURY OR ILLNESS CODES

100 Amputation or Erucloation 110 Asphyxia or Strangulation Etc. 120 Burns (Heat) 130 Burns (Chemical) 140 Concussion 160 Contusion, Crushing, Bruise 170 Cut, Laceration, Puncture 190 Dislocation 200 Electric Shock, Electrocutation 210 Fracture 250 Hernia, Rupture 300 Scratches, Abrasions 310 Sprains, Strains 400 Multiple Injuries 900 No Injury 950 Damage to Prosthetic Devices 995 No Other Injury, NEC** 999 Non-classifiable  <u>Infective or Parasitic Disease</u> 150 Infective or Parasitic Disease, UNS* 151 Amebiasis 152 Anthrax 153 Brucellosis 154 Conjunctivitis and Ophthalmia 156 Tetanus	157 Tuberculosis 159 Other Infective or Parasitic Diseases  <u>Dermatitis</u> 180 Dermatitis, UNS* 183 Primary Infections of the Skin 184 Other Skin Conditions 185 Dermatitis, Allergenic or Contact 189 Skin Condition, NEC**  <u>Poisoning Systemic</u> 270 Poisoning, Systemic, UNS* 271 Due to Toxic Materials other than Lead 272 Diseases of the Blood and Blood Forming Organs  273 Upper Respiratory Conditions 274 Influenza, Pneumonia, Etc. 276 Other Diseases of the Gastro-Intestinal Tract 278 Effects of Lead 279 Other Toxic Effects of One System Only  <u>Respiratory Systems, Conditions of</u> 570 Respiratory Systems, Conditions of 571 Upper Respiratory 572 Asthma, Influenza, Pneumonia  <u>Pneumoconiosis</u> 280 Pneumoconiosis	281 Aluminosis 282 Anthracosis 283 Asbestosis 284 Bysinosis 285 Siderosis 286 Silicosis 287 Other Pneumoconioses 289 Pneumoconiosis and Tuberculosis  <u>Nervous System, Conditions of</u> 560 Nervous System, Conditions of - NEC** 561 Diseases of the Central Nervous System 562 Diseases of the Nerves and Peripheral Ganglia  <u>Neoplasm Tumor</u> 550 Neoplasm Tumor, UNS* 551 Malignant 552 Benign  <u>Radiation Effects</u> 290 Radiation Effects, UNS* 291 Non-Ionizing Radiation 292 Microwaves 293 Ionizing Radiation - X-Ray 294 Ionizing Radiation - Isotopes 295 Welder's Flash	<u>Other</u> 265 Carpal Tunnel Syndrome 210 Cardiovascular and Other Conditions of the Circulatory System 520 Complications Peculiar to Medical Care 500 Effects of Changes in Atmospheric Pressure 240 Effects of Environmental Heat 220 Effects of Exposure to Low Temperature 530 Eye, other Diseases of the Eye 230 Hearing Loss or Impairment 991 Heart Condition ,Excludes Heart Attack 320 Hemorrhoids 330 Hepatitis, Serum and Infective 275 Hepatitis, Toxic 260 Inflammation of Joints, Etc. 540 Mental Disorders 900 No Illness 999 Non-classifiable 990 Occupational Disease, NEC** 580 Symptoms and Ill-defined Conditions
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### BODY PART AFFECTED CODES

<u>Head</u> 100 Head, UNS* 110 Brain 120 Ear(s), UNS* 121 Ear(s), External 124 Ear(s), Internal 130 Eye(s), UNS* 140 Face, UNS* 141 Jaw, Chin 144 Mouth and Throat (vocal chords, larynx) 146 Nose 148 Face, Multiple Parts 149 Face, NEC** 150 Scalp	160 Skull 198 Head Multiple 200 Neck & Cervical Vertebrae  <u>UPPER EXTREMITIES</u> 300 Upper Extremities, NEC** 310 Arm(s), UNS* 311 Upper Arm 313 Elbow(s) 315 Forearm(s) 318 Arm(s), Multiple 319 Arm(s), NEC** 320 Wrist(s) 330 Hand(s), Not Wrists or Fingers 340 Finger(s)	398 Upper Extremities, Multiple 400 Trunk, UNS* 410 Abdomen, Internal Organs, Inguinal Hernia 420 Back 430 Chest, Ribs, Breastbone, Internal Organs 440 Hip(s)...Pelvis, Organs and Buttocks 450 Shoulder(s) 498 Trunk, Multiple  <u>LOWER EXTREMITIES</u> 500 Lower Extremities 510 Leg(s), UNS*	513 Knee(s) 515 Lower Leg(s) 518 Leg(s), Multiple 519 Leg(s), NEC** 520 Ankle(s) 530 Foot or Feet, Not Ankle 540 Toe(s) 598 Lower Extremities, Multiple 700 MULTIPLE PARTS Applies when more than one major body part as been effected such as an arm and a leg 999 NON-CLASSIFIABLE - Insufficient information to identify part of body effected. Includes damage to prosthetic devices.
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\*UNS - UNSPECIFIED

\*\*NEC - NOT ELSEWHERE CLASSIFIED



Lafayette City Center, 2 Avenue de Lafayette, Boston, Massachusetts 02111  
Info. Line 800 323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470  
<http://www.mass.gov/dia>

**AVERAGE WEEKLY WAGE COMPUTATION SCHEDULE**

Print or Type

1. Employer's Name and Address:		2. Insurer's Case File #:	
		3. DIA Board # (if known):	
4. Employee's Name and Address:		5. # of dependent children:	
		6. # of other dependents:	
7. Date of Injury (mm/dd/yyyy):	8. Date of Disability (mm/dd/yyyy):	9. Date of Employment (mm/dd/yyyy):	
10. Has employee been certified by U.S. Veterans Administration for any type of disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Indicate only those wages earned by the injured worker during the 52 week period immediately preceding the accident. If the injured employee has worked for less than 52 weeks, report wages from the time worked and, for the remaining weeks on this schedule, substitute wages of a fellow employee in the same class of employment who has worked for one year or more.

11. Week No.	Year:		Gross Amount Before Taxes	Week No.	Year:		Gross Amount Before Taxes	Week No.	Year:		Gross Amount Before Taxes
	Week Ending				Week Ending				Week Ending		
	Month	Day			Month	Day			Month	Day	
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				<b>Total:</b>			
18				36							

12. Was room furnished to the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. If tips or other benefits were earned, describe and state value per week:
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THIS IS A TRUE COPY OF THE PAYROLL RECORD OF THE ABOVE NAMED EMPLOYEE OR FELLOW EMPLOYEE IN THE SAME CLASS OF EMPLOYEMENT

14. Name of Fellow Employee (if applicable):	15. Employer/Preparer Signature:	16. Date Signed (mm/dd/yyyy):
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## Primary occupational Health Centers Credentialed Affiliates in Blue

### AMESBURY

#### **Anna Jacques Hospital Occupational Health**

24 Morrill Place, Amesbury, MA 01913  
Tel: (978) 834-8190 / Fax: (978) 834-8188  
Contact: Pat Powers, Director  
For appointments: Wendy Schlessinger, front desk

### AMHERST

#### **AEIOU Occupational Health & Urgent Care**

170 University Drive Amherst, MA 01002  
Tel: (413) 461-3530 / Fax: (413) 461-3532  
Contact: Lisa Rhoades, Practice Manager  
For appointments: (413) 461-3530

### ATTLEBORO

#### **Sturdy Occupational Health**

211 Park St. 2<sup>nd</sup> floor, Attleboro, MA 02703  
Tel: (508) 236-7500 / Fax: (508) 222-0796  
Contact: Sue Higgins, Practice Manager  
For appointments: (508) 236-7500

### AUBURN

#### **Reliant Medical Occupational Health**

35 Millbury St., Auburn, MA 01501  
Tel: (508) 460-3228 / Fax: (508) 832-9025  
Contact: MaryBeth Colarusso, (508) 852-0600 x51352  
For appointments: (508) 853-2854

### AYER

#### **Nashoba Valley Occupational Health**

200 Groton Road, Ayer, MA 01432  
Tel: (978) 784-9328 / Fax: (978) 784-9666  
Contact: Marcia Estes, (978) 784-9633  
For appointments: (978) 784-9328 option #5

### BEVERLY

#### **Quadrant Health Strategies**

500 Cummings Center, Suite 4350  
Beverly, MA 01915  
Tel: (978) 532-2428 / Fax: (978) 532-0616  
Contact: Diane Talbot, (978) 998-3173  
For appointments: (978) 532-2428

### BILLERICA

#### **CareWell Urgent Care**

510 Boston Road, Billerica, MA 01821  
Tel: (978) 362-2443 / Fax: (978) 362-8799  
Contact: Linda Zacchini, Practice Manager

### BOSTON

#### **New England Baptist Occupational Health**

125 Parker Hill Ave., 3rd Floor Suite 360  
Boston, MA 02120  
Tel: (617) 754-5620 ext 1 / Fax: (617) 754-6453  
Contact: Kathy Lehan, NCM, (617) 754-6786  
For appointments: (617) 754-5246

#### **OccMed Consulting & Injury Care, LLC**

10 Hawthorne Place, Suite 114, Boston, MA 02114  
Tel: (617) 367-5002 / Fax: (877) 529-0181  
Contact: Emily Burress (617) 314-2018  
For appointments: (617) 314-2018

### BROCKTON

#### **Tristan Medical Express Care**

1340 Belmont St., Brockton, MA 02301  
Tel: (508) 583-1400 / Fax: (508) 583-3400  
Contact: Donna Chase, (508) 824-0243 Option 2  
For appointments: (508) 583-1400

### CAMBRIDGE

#### **CareWell Urgent Care**

1400 Cambridge St. (at Inman Square)  
Cambridge, MA 02139  
Tel: (617) 714-4534 / Fax: (617) 714-4962

#### **CareWell Urgent Care**

601-603 Concord Ave., Cambridge, MA 02138  
Tel: (857) 972-7538 / Fax: (857) 706-1108

#### **Mount Auburn Hospital Occupational Health**

725 Concord Ave, Suite 5100, Cambridge, MA 02138  
Tel: (617) 354-0546 / Fax: (617) 868-4497  
Contact: Bob Benoit, Manager (617) 499-6722  
For appointments: (617) 354-0546

### DARTMOUTH

#### **Southcoast Health Urgent Care**

Hannoush Plaza  
435 State Road, Dartmouth, MA 02747  
Tel: (508) 990-2900  
Contact: Kelly Houde, Office Manager

## Primary occupational Health Centers Credentialed Affiliates in Blue

### DEDHAM

#### **Davis Occupational Health**

200 Providence Highway, Suite 202-203  
Dedham, MA 02026  
Tel: (781) 326-1464 / Fax: (781) 326-9075  
Contact: Dr. Agustino Iarrobino, MD/Practice Manager  
For appointments: (781) 255-0778

*\*Insured required to have an account\**

*\*\*Employer must call ahead, walk-ins not accepted\*\**

*\*\*\*Not accepting new patients/accounts\*\*\**

### DRACUT

#### **Circle Health Dracut**

9 Loon Hill Road, Dracut, MA 01826  
Tel: (978) 323-5900 (F) (978) 323-5910  
Contact: Elizabeth Cunningham, Practice Manager

### EAST LONGMEADOW

#### **Occu-Health**

200 North Main St., Suite 5  
East Longmeadow, MA 01028  
Tel: 844-885-1489/ Fax: (413) 525-9009  
Contact: Chris Parent, Owner  
For appointments: (413) 525-6003

### FAIRHAVEN

#### **Southcoast Health System Urgent Care**

208 Mill Rd, Fairhaven, MA 02719  
Tel: (508) 973-2432 / Fax: (508) 973-2435  
Contact: Karen Scott, (508) 973-9117

#### **Tristan Medical Express Care (Urgent Care)**

210 Washington St., Fairhaven, MA 02719  
Tel: (508) 992-5546 / Fax: (508) 990-0391  
Contact: Donna Chase, (508) 824-0243 x104

### FALL RIVER

#### **Southcoast Health Urgent Care**

Southcoast Marketplace  
450 William S Canning Blvd Fall River, MA 02721  
Tel: (508) 973-7044 / Fax: (508) 973-7098  
Contact: Joseph Scott, (508) 973-9117  
For appointments: (508) 973-7044

#### **Trumed Inc.**

528 Newton St., Fall River, MA 02721  
Tel: (508) 675-1522 / Fax: (508) 676-5647  
Contact: Lisa Souza, Practice Manager  
For appointments: (508) 675-1522

### FITCHBURG

#### **CareWell Urgent Care**

380 John Fitch Highway, Fitchburg, MA 01420  
Tel: 978-216-6595 / Fax: 978-696-3569  
Contact: Aaron Martin, Practice Manager

### FRAMINGHAM

#### **CareWell Urgent Care**

50 Worcester Road (Route 9), Unit 3  
Framingham, MA 01702  
Tel: (508) 861-7375 / Fax: (508) 861-3952  
Contact: Sarah McInain, Regional Manager

### GREENFIELD

#### **AEIOU Occupational Health and Urgent Care**

489 Bernardston Rd, Greenfield, MA 01301  
Tel: (413) 773-1394 / Fax: (413) 773-1398  
Contact: Lisa Rhoades, Practice Manager  
For appointments: (413) 773-1394

### HADLEY

#### **MedExpress Urgent Care**

424 Russell St. Hadley, MA 01035  
Tel: (413) 584-6104 / Fax: (413) 586-6513  
Contact: Nathan Jamroga, Area Manager (413) 241-1464  
For appointments: (413) 253-0483

#### **Occu-Health**

106 Russell St. Hadley, MA 01035  
Tel: (413) 584-6104 / Fax: (413) 586-6513  
Contact: Chris Parent, Owner  
For appointments: (413) 584-6104

### HOLYOKE

#### **Work Connection at Holyoke Hospital**

575 Beech St., Holyoke, MA 01040  
Tel: (413) 534-2546 / Fax: (413) 534-2663  
Contact: Patrick McIntyre, Manager  
For appointments: (413) 534-2576

### HYANNIS

#### **Cape & Islands Occupational Medicine**

130 North St., Lower Level, Hyannis, MA 02601  
Tel: (508) 568-3773 / Fax: (508) 771-5774  
Contact: Hillary Hutchinson  
For appointments: (508) 568-3773

#### **Tristan Medical Mid-Cape**

489 Bearses Way, Hyannis, MA 02601  
Tel: (508) 771-4092 / Fax: (508) 771-9466

## Primary occupational Health Centers Credentialed Affiliates in Blue

Contact: Harvey Scher, Operations Manager  
For appointments: (508) 771-4092

### LAKEVILLE

**Southcoast Health Urgent Care**  
12 Main Street Lakeville, MA 02347  
Tel: (508) 946-0202/ Fax: (508) 946-0204  
Contact: Kelly (508) 946-0202

### LAWRENCE

**Work Health at Lawrence Hospital**  
Marston Medical Center  
25 Marston St, Suite 204, Lawrence, MA 01841  
Tel: (978) 683-4000 ext 2343 / Fax: (978) 946-8296  
Contact: Janet Sheehan, Manager  
For Appointments: (978) 683-4000 X2343

### LEOMINSTER

**Take Charge Occupational Health**  
510 North Main St., Leominster, MA 01453  
Tel: (978) 248-8880 / Fax: (978) 534-3875  
Contact: Kathleen Kusmarik, Practice Manager  
For appointments: (978) 248-8880

### LEXINGTON

**CareWell Urgent Care**  
58 Bedford St., Lexington, MA 02420  
Tel: (781) 538-4526 / Fax: (781) 538-4531  
Contact: Mike Lord, Regional Manager

### LONGMEADOW

**Occu-Health**  
200 North Main St Suite 5, East Longmeadow MA 01028  
Tel: (413) 525-6003 / Fax: (413) 525-9009  
Contact: Chris Parent, Owner  
For appointments: (413) 584-6104

### MARLBOROUGH

**CareWell Urgent Care**  
757 Boston Post Road East, Marlborough, MA 01752  
Tel: (508) 630-8989 / Fax: (508) 630-8981  
Contact: Valerie Roman, Site Manager

### **MedWorks Occupational Health**

UMass Memorial at Marlborough Hospital  
157 Union St., Marlborough, MA 01752  
Tel: (508) 486-5711 / Fax: (508) 229-1201  
Contact: Annette Casco, Practice Mgr. (508) 486-5901  
For appointments: (508) 486-5711

### MILFORD

**TeamWork Occupational Health - Milford Hospital**  
115 Water St., 2nd Floor, Milford, MA 01757  
Tel: (508) 422-2761 / Fax: (508) 473-7588  
Contact: Melissa Paquette for appointments: (508) 422-2761

### NEEDHAM

**Beth Israel Deaconess Hospital - Needham  
Occupational Health (Does not suture)**  
300 Chestnut St., Needham, MA 02492  
Tel: (781) 453-8440 / Fax: (781) 453-8445  
Contact: Karen Foulkrod, Administrative Director  
For appointments: (781) 453-8440

### **CareWell Urgent Care**

922 Highland Ave, Needham, MA 02494  
Tel: (781) 400-1383 / Fax: (781) 400-5914  
Contact: Sarah McClain, Regional Manager

### NEW BEDFORD

**Southcoast Occupational Health at St Luke's Hospital**  
101 Page St., New Bedford, MA 02740  
Tel: (508) 973-5469 / Fax: (508) 973-5472  
Contact: Joseph Scott, (508) 973-9117  
For appointments: (508) 973-5469

### NORTH ATTLEBORO

**Tristan Medical North Attleboro Care Center**  
465 S. Washington St., North Attleboro, MA 02760  
Tel: (508) 316-0725 / Fax: (508) 316-1685  
Contact: Chanell Sae-Eaw, (508) 316-0725

### NORTH EASTON

#### **Care Central Urgent Care**

682 Depot Street, North Easton, MA 02356  
Tel: (508) 297-1665 / Fax: (508) 297-2114  
Contact: Dr. Renee Wilson, Owner

### NORTHBOROUGH

#### **CareWell Urgent Care**

333 Southwest Cutoff, Unit 202  
Northborough, MA 01532  
Tel: (508) 466-8677 / Fax: (508) 466-8678  
Contact: Andrew Fassbender, Practice Manager

### NORTON

**Tristan Medical Occupational Health & Primary Care**  
184 West Main St., Norton, MA 02766  
Tel: (508) 824-0243 / Fax: (508) 828-1810  
Contact: Donna Chase, (508) 824-0243 option 5  
For appointments: (508) 824-0243



## Primary occupational Health Centers Credentialed Affiliates in Blue

### NORWELL

#### **CareWell Urgent Care**

42 Washington St., Norwell, MA 02061  
Tel: (781) 421-3503 / Fax: (781) 421-3512  
Contact: Susan Courage, Practice Manager

### PEABODY

#### **CareWell Urgent Care**

229 Andover St. (Rte 114), Peabody, MA 01960  
Tel: (978) 826-5950 / Fax: (978) 826-5951  
Contact: Linda, Practice Mgr, (978) 826-5950

### PITTSFIELD

#### **Berkshire Medical Center Occupational Health**

610 North St., Pittsfield, MA 01201  
Tel: (413) 447-2684 / Fax: (413) 447-2805  
Contact: John McLean, Client Liaison (413) 447-2029  
For appointments: (413) 447-2684

### PLYMOUTH

#### **Beth Israel Deaconess Hospital – Plymouth**

Jordan on the Job Occupational Health  
45 Resnick Rd., Suite 201, Plymouth, MA 02360  
Tel: (508) 732-0401 / Fax: (508) 732-0354  
Contact: Ted Harrington (508) 732-0127  
For appointments: (508) 732-0401

### RAYNHAM

#### **Tristan Medical Urgent Care Center**

675 Paramount Dr., Suite 203, Raynham, MA 02767  
Tel: (508) 880-0012 / Fax: (508) 880-0032  
Contact: Donna Chase, (508) 824-0243 x100

### SANDWICH

#### **Cape & Islands Occupational Medicine**

18 Route 6A, Building 2, Sandwich, MA 02563  
Tel: (508) 568-3773 / Fax: (508) 771-5774  
Contact: Hillary Hutchinson  
For appointments: (508) 568-3773 (Appts only Fridays)

### SEEKONK

#### **Southcoast Urgent Care Center (Seekonk)**

39 Commerce Way, Seekonk, MA 02771  
Tel: (508)-336-6181 (F) 508-336-6191

### SHREWSBURY

#### **Reliant Medical Occupational Health**

222 Boston Turnpike, Shrewsbury, MA 01545  
Tel: (508) 853-2854 / Fax: (508) 853-4354  
For appointments: (508) 853-2854

### SOMERVILLE

#### **Cambridge Health Alliance Occupational Health**

Assembly Square Mall  
5 Middlesex Ave, 1<sup>st</sup> Floor, Somerville, MA 02145  
Tel: (617) 591-4660 / Fax: (617) 591-4693  
Contact: Bill Greene, Business Ops Manager, (617) 591-4673  
For appointments: (617) 591-4660

#### **CareWell Urgent Care**

349 Broadway, Somerville, MA 02145  
Tel: (617) 996-6987 / Fax: (617) 996-6989  
Contact: Sharay Howard, Practice Manager

### SOUTH DENNIS

#### **CareWell Urgent Care**

Patriot Square, 484 Route 134, S. Dennis, MA 02660  
Tel: (508) 694-7901 / Fax: (508) 694-7898  
Contact: Sarah McLain, Practice Manager

### SOUTHBOROUGH

#### **Reliant Medical Occupational Health**

28 Newton St., Southborough, MA 01772  
Tel: (508) 460-3228 / Fax: (508) 486-4404  
Contact: Mary Beth Colarusso, (508) 852-0600 x51352  
For appointments: (508) 460-3228

### SOUTHBURIDGE

#### **CompreCare Occupational Health**

Harrington Hospital  
32 Oakes Ave., 1st Floor, Southbridge, MA 01550  
Tel: (508) 765-3093 / Fax: (508) 765-3047  
Contact: Arlene Smith, Practice Manager  
For appointments: (508) 765-3093

### SPRINGFIELD

#### **Pioneer Valley Occupational Medicine at Family Care Medical Center**

1515 Allen St., Springfield, MA 01118  
Tel: (413) 783-9114 / Fax: (413) 782-0960  
For appointments: (413) 783-9114

### STOUGHTON

#### **Care Central Urgent Care**

286 Washington St., Stoughton, MA 02072  
Tel: (781) 341-2800 / Fax: (781) 341-2828  
Contact: Dr. Renee Wilson, Owner

### TEWKSBURY

#### **CareWell Urgent Care**

345 Main St., Tewksbury, MA 01876  
Tel: (978) 851-4683 / Fax: (978) 710-5054  
Contact: Mike Lord, Regional Manager

## Primary occupational Health Centers Credentialed Affiliates in Blue

### WALTHAM

#### **Newton-Wellesley Urgent Care Center – Waltham**

Children's Hospital Building  
9 Hope Ave. Waltham, MA 02453  
Tel: (617) 243-5590 / Fax: (617) 243-6126

### WAREHAM

#### **Southcoast Health Systems Urgent Care**

Wareham Crossing  
2421 Cranberry Highway Suite 20, Wareham, MA 02571  
Tel: (508) 273-1810 Contact: Kelly Houde, Office Manager

### WESTFORD

#### **Circle Health/ Lowell General Hospital Occ Med**

198 Littleton Road, Westford, MA 01863  
Tel: (978) 458-6868 / Fax: (978) 458-3735  
Contact: Betsy Cunningham, Clinical Manager  
For appointments: (978) 458-6868

### WILMINGTON

#### **Concentra Urgent Care & Occupational Medical Ctr**

66 B Concord St., Wilmington, MA 01887  
Tel: (978) 657-3826 / Fax: (978) 657-6155  
Contact: Ellen Maxfield, Ops Manager  
For appointments: (978) 657-3826

#### **All One Health**

200 Ballardvale Street, Suite 301  
Wilmington, MA 01887-1075  
Tel: (800) 350-4511 ext. 5021 / Fax: (781) 938-4686  
Contact: Regional Ops Manager

### WORCESTER

#### **CareWell Urgent Care**

348 Greenwood St., Worcester, MA 01607  
Tel: (774) 420-2103 / Fax: (774) 420-2104  
Contact: Valarie Roman, Site Manager

#### **CareWell Urgent Care**

500 Lincoln St., Worcester, MA 01605  
Tel: (774) 420-2111 / Fax: (774) 420-2112  
Contact: Nicole Troy, Site Manager

#### **Webster Square Medical Center**

255 Park Ave., Suite 400, Worcester, MA 01609  
Tel: (508) 755-9776 / Fax: (508) 831-7861  
Contact: Judy Gedman, x228  
For appointments: (508) 755-9776 opt #1

### NEW HAMPSHIRE

### BERLIN

Coos County Health Services  
133 Pleasant St., Berlin, NH 03570  
Tel: (603) 752-2040 / Fax: (603) 752-7797

### CONCORD

Merrimack Valley Occupational Health  
171 Pleasant St., Concord, NH 03301  
Tel: (603) 228-3500 / Fax: (603) 228-3503

### CONWAY

Saco Medical Group  
7 Greenwood Ave., Conway, NH 03818  
Tel: (603) 447-3500 / Fax: (603) 447-5568

### EXETER

Center for Occupational and Employee Health  
6 Hampton Rd, Exeter, NH 03833  
Tel: (603)-580-6635/ Fax: (603)-580-6579  
Contact: Rose Phillips Practice Manager (603) 580-7323  
For appointments: Alena Ciriello (603)-580-6635 x1

The Bakie Ctr at Access Occupational Medicine  
Access Health Building  
1 Hampton Rd, Exeter, NH 03833  
Tel: (603) 775-7575 Ext 3001 / Fax: (603) 778-9680

### KEENE

Cheshire Medical Center Occupational Health  
448 West St., Keene, NH 03431  
Tel: (603) 354-6585 / Fax: (603) 354-6584

### LEBANON

Dartmouth Hitchcock Medical Center  
Occupational Health Center  
One Medical Center Dr., Lebanon, NH 03756  
Tel: (603) 653-3850 / Fax: (603) 650-0928

Occupational Health at Alice Peck Day  
10 Alice Peck Day Drive, Lebanon, NH 03766  
Tel: (603) 448-7459 / Fax: (603) 448-7469

### LITTLETON

Littleton Hospital Occupational Health  
600 St. Johnsbury Rd., Littleton, NH 03561  
Tel: (603) 444-9294 / Fax: (603) 444-9025

## Primary occupational Health Centers Credentialed Affiliates in Blue

### MANCHESTER

ExpressMED/Bedford Occupational & Acute Care  
1 Highlander Way, Manchester, NH 03103  
Tel: (603) 625-2622 / Fax: (603) 626-1816

ExpressMED/Bedford Occupational & Acute Care  
35 Kosciuszko Street, Manchester, NH 03101  
Tel: (603) 627-8053 / Fax: (603) 627-4241

### NASHUA

St. Joseph Business & Health  
166 Kinsley Street, Suite 203, Nashua, NH 03061-2013  
Tel: (603) 595-7371 (F) 603-595-6943

### NEWPORT

Newport Health Center  
11 John Stark Highway, Newport, NH 03773  
Tel: (603) 863-4100 / Fax: (603) 863-3585

### PORTSMOUTH

Occupational Health Services of Portsmouth Hospital  
Pease International Tradeport  
25 New Hampshire Avenue, Suite 105  
Portsmouth, NH 03801  
Tel: (603) 430-9675 / Fax: (603) 334-6088

### VERMONT

#### BARRE

**Clear Choice MD Urgent Care**  
798 U.S. 302- Barre VT 05641  
Tel: (802) 744-0138 Fax: 802-223-4120  
Contact for all Clear Choice MD  
centers: Tom Lapointe 603-748-6577

**Concentra Medical Center**  
654 Granger Road Ste 1  
Barre, VT 05641  
Tel: (802) 223-7499 / Fax: (802) 223-4120  
Contact: Sharyl LaRiviere

#### BENNINGTON

**Southwestern VT Medical Center Occupational  
Health**  
120 Hospital Drive  
Bennington, VT 05201  
Tel: (802) 447-5317

### BERLIN

**Central Vermont Medical Center**  
244 Granger Road  
Berlin, VT 05602  
Tel: (802) 225-3942 / Fax: (802) 225-3959

**ClearChoice MD Urgent Care**  
798 US RT 302  
Berlin, VT 05641  
Tel: (802) 744-0138 / Fax: (802) 622-0836

### BRATTLEBORO

**Brattleboro Memorial Hospital  
Occupational Health Services**  
17 Belmont Avenue- Dunham Building  
Brattleboro, VT 05301  
Tel: (802) 257-8235

**ClearChoice MD Urgent Care\***  
1154 Putney Road  
Brattleboro, VT 05301  
Tel: (802) 490-2100 / Fax: (802) 579-1280

### ESSEX JUNCTION

**Champlain Sports Medicine**  
67 Lincoln Street  
Essex Junction, VT 05452  
Tel: (802) 878-1003

### RUTLAND

**ClearChoice MD Urgent Care\***  
173 South Main Street  
Rutland, VT 05701  
Tel: (802) 772-4165 / Fax: (802) 855-8489

**Occupational Health at Rutland Regional Medical  
Center\***  
9 Commons Street  
Rutland, VT 05701  
Tel: (802) 747-1753

### SOUTH BURLINGTON

**Champlain Medical Urgent Care**  
150 Kennedy Drive  
South Burlington, VT 05403  
Tel: (802) 448-9370 / Fax: (802) 448-1414

**Clear Choice MD Urgent Care**  
1200 Williston Rd.  
South Burlington, VT 05403  
Tel: (802) 448-8205



## Primary occupational Health Centers Credentialed Affiliates in Blue

### **Concentra Medical Center**

57 Fayette Road Ste 4  
South Burlington, VT 05403  
Tel: (802) 658-5756 / Fax: (802) 865-0042  
Contact: Anita Nagle

### **ST. ALBANS**

#### **Northwestern Occupational Health**

133 Fairfield St. Suite 101  
St. Albans, VT 05478  
Tel: (802) 524-1223 / Fax: (802) 524-1095

### **ST. JOHNSBURY**

#### **Northeastern Vermont Regional Hospital Occupational Medicine Services**

1290 Hospital Drive  
St. Johnsbury, VT 05819  
Tel: (802) 748-4393

### **RHODE ISLAND**

#### **PAWTUCKET**

##### **Armistice Urgent Care and Occupational Health**

209 Armistice Blvd., Pawtucket, RI 02860  
Tel: (401) 725-4100 option #6 / Fax: (401) 728-5010

#### **WARWICK**

##### **CareWell Urgent Care**

535 Centerville Rd., Suite 102, Warwick, RI 02886  
Tel: (401) 773-7220 / Fax: (401) 773-7221  
Contact: Vanessa Hedquist, Practice Manager

#### **WOONSOCKET**

##### **Landmark Medical Center/Occupational Health**

176 Cass Avenue, Woonsocket, RI 02895  
Tel: (401) 767-1594 / Fax: (401) 767-1629



## Express Scripts Pharmacy Program for Injured Workers

As part of our workers' compensation medical management services, we ask injured workers to use a pharmacy program through Express Scripts, Inc. (ESI). ESI is a pharmacy benefit management company that is uniquely set up to provide prescription medications for work-related injuries.

Injured employees will be notified by mail about the pharmacy program and how it works shortly after their claim has been approved. They will also receive a prescription identification card; **the card is valid only for prescriptions related to the specific, approved work injury.** Injured employees will be asked to use an Express Scripts affiliated pharmacy to fill their injury-related prescriptions.

Express Scripts also offers a mail service program, which employees will find convenient for refilling maintenance (long-term) prescription medications. I'm sure you are familiar with the cost benefits of a mail order prescription program, and we ask that you encourage injured workers to take advantage of this service. Most prescriptions are filled within 48 hours of receipt and mailed directly to the injured employee's home. Injured employees can sign up for the mail service program through ESI by phone or by mail.

Additional benefits of the program include 24-hour access to a registered pharmacist via a toll-free number and an extensive network of pharmacies to choose from. Express Scripts offers significant savings of up to 35% over fee schedules and usual and customary charges, and the program will expedite claim processing and payment. Injured employees will incur no out-of-pocket expenses.

Injured workers will receive a condensed list of chain pharmacies in the network on their prescription card information sheet. Most major pharmacies such as CVS, Walgreens and Rite Aid are affiliated with Express Scripts. For a full listing injured workers can go to <https://www.express-scripts.com/> and set up an account or call Express Scripts at 1-800-945-5951. While injured employees may use a non-affiliated pharmacy, we strongly recommend they use a pharmacy within the Express Scripts network and the mail order service to realize the program benefits.

Please call the Express Scripts Workers' Compensation Service Center at 1-800-945-5951 with any questions you may have. The toll-free service is available 24 hours a day, seven days a week. As always, thank you for working with us to enhance our claim service.

A.I.M. MUTUAL INSURANCE COMPANIES



# Workers' Compensation Temporary Prescription ID Card

## »» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

## Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

## »» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

### Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control A4
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury  
(enter in PA field in the format YYYYMMDD)

### Express Scripts

ID #: \_\_\_\_\_

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: \_\_\_\_\_

MM/DD/YYYY

Group #: AIM VANTAGE

Employee Date of Birth: \_\_\_\_\_

**Thank you** for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

*Please see other side for a list of participating retail network pharmacies.*

»» **To the Supervisor:** Please fill in the information requested for the injured worker.

### Employee Information

\_\_\_\_\_  
First M Last

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
City State ZIP

### Employer Name



## Participating Retail Network Pharmacies

A & P	Drug Emporium	Major Value	Schnucks
Acme Pharmacy	Drug Fair	Marsh Drugs	Scolari's
Albertson's	Drug Town	Medic Discount	Sedano
Albertson's/Acme	Drug World	Medicap	Shaw's
Albertson's/Osco	Eckerd	Medistat	Shop 'N Save
Albertson's/Sav-On	Econofoods	Meijer	Shopko
Amerisource	EPIC Pharmacy	Minyard	ShopRite
Bergen	Network	NCS HealthCare	Snyder
Anchor Pharmacies	FamilyMeds	Neighborcare	Stop & Shop
Arrow	Farm Fresh	Network	Sun Mart
Aurora	Farmer Jack	Pharmaceuticals	Super Fresh
Bartell Drugs	Food City	Northeast	Super Rx
Bigg's	Food Lion	Pharmacy Services	Target
Bi-Lo	Fred's	Osco	Texas Oncology
Bi-Mart	Gemmel	P & C Food	Srvs
BJ's Wholesale	Giant	Markets	The Pharm
Club	Giant Eagle	Pamida	Thrifty White
Brooks	Giant Foods	Park Nicollet	Times
Brookshire Brothers	Hannaford	Pathmark	Tom Thumb
Brookshire Grocery	Harris Teeter	Pavilions	Tops
Bruno	H-E-B	Price Chopper	Ukrop's
Carrs	Hi-School	Publix	United Drugs
Cash Wise	Pharmacy	Quality Markets	United
Coborn's	Hy-Vee	Raley's	Supermarkets
Costco	Jewel/Osco	Randalls	Vons
Cub	Kash n Karry	Rite Aid	Waldbaums
CVS	Keltsch	Rosauers	Walgreens
D&W	Kerr	Rx Express	Wal-Mart
Dahl's	Kmart	RXD	Wegmans
Dierbergs	Knight Drugs	Safeway	Weis
Discount Drugmart	Kroger	Sam's Club	Winn Dixie
Doc's Drugs	LeaderNet (PSAO)	Sav-On	
Dominicks	Longs Drug Store	Save Mart	

**NOTE:** This form is not valid in the state of Ohio. For all other states, liability of a workers' compensation claim is not assumed based on the dispensing of medication(s) to a patient.



EXPRESS SCRIPTS®