

A.I.M. Mutual

INSURANCE COMPANIES

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

On behalf of the A.I.M. Mutual Insurance Companies, I welcome you as a policyholder.

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 to handle your claims fairly and efficiently.

Here is a supply of the necessary forms along with instructions for their use. Please feel free to contact us at any time with your questions or service requests.

Sincerely,



Laura Parsons, WCLA, FCLA
Director of Claim

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.

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.

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 or request them from A.I.M. Mutual Insurance Companies (*1-800-876-2765, Claim Services Department*).

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.

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
Department 101
1 Congress Street, 10th Floor
Boston, MA 02114

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.

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.

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.

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.

| | | | | | | |
|---|--|---------------------------|--|---|--|--|
| S E C T I O N A — S U P E R V I S O R | 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: | | | | | | |
| Supervisor Signature: _____ Date: ____/____/____ | | | | | | |
| S E C T I O N B | Medical Authorization: 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. | | | | | |
| | Employee Signature: _____ Date: ____/____/____ | | | | | |
| | I do not want medical treatment for this injury – Employee Signature: _____ Date: ____/____/____ | | | | | |
| S E C T I O N C — M E D I C A L P R O V I D E R | <u>TREATMENT AREA USE ONLY</u> (To be filled out by Medical Care Provider) | | | | | |
| | 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 _____ | | | | | |
| | <u>Recommended Work Status: (Check one and provide additional information as appropriate)</u> | | | | | |
| | Full Duty () Modified Duty () | | | | | |
| | 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. #: () _____ - _____ | | | | |
| Physician/Clinician Signature: _____ Date: ____/____/____ | | | | | | |
| SUPERVISOR ACTION: () Returned to Work () Modified Duty () Send Home () Send for Treatment () Notice Only () Medical Only () Lost Industry Code: _____ (see Instruction sheet) | | | | | | |

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 the Report 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, employee is escorted to 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. Keep a copy and send to Human Resources.

| |
|---|
| <i>AIM Works Immediate Care Facility</i> |
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> |

AFTER IMMEDIATE CARE RENDERED

EMPLOYEE - Return to supervisor following treatment with completed Reports and keep a copy.

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 Insurance Cos. within 24 hours.

| INDUSTRY CODES | | | |
|---|--|---|---|
| Agriculture, Forestry and Fishing 01 Agriculture Production - Crops 02 Agriculture Production - Livestock 03 Agriculture Services 04 Forestry 05 Fishing, Hunting and Trapping Mining 10 Metal Mining 12 Coal Mining 13 Oil and Gas Extraction 14 Nonmetallic Minerals, Except Fuels Construction 15 General Building Contractors 16 Heavy Construction, Ex. Building 17 Special Trade Contractors Manufacturing 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 Transportation and Public Utilities 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 | Wholesale Trade 50 Wholesale Trade – Durable Goods 51 Wholesale Trade – Nondurable Goods Retail Trade 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 Finance, Insurance and Real Estate 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 Public Administration 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 Nonclassifiable Establishments 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 |
|---|---|---|---|

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 |
|--|--|---|---|

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. |
|--|--|--|---|

*UNS - UNSPECIFIED

**NEC - NOT ELSEWHERE CLASSIFIED



The Commonwealth of Massachusetts
Department of Industrial Accidents

1 Congress Street – 10th Floor, Boston, Massachusetts 02114
Info. Line 800 323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470
<http://www.mass.gov/dia>

DIA USE ONLY

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 | | | | | | | |
| 18 | | | | 36 | | | | | | | |
| | | | | | | | | | Total: | | |

| | |
|---|---|
| 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: |
|---|---|

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): |
|--|----------------------------------|-------------------------------|

Primary Occupational Health Centers

BDOHI 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 Dr., Suite 102, 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. 2nd 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) 832-9621 / 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

Working Well Clinic @ Boston Medical Center

Doctors Office Building
720 Harrison Avenue, Suite 703, Boston, MA 02118
Tel: (617) 638-8400 / Fax: (617) 638-8406
Contact: Amalia Gonzalez, Practice Mgr (617) 638-8821
For appointments: (617) 638-8400

New England Baptist Occupational Health

125 Parker Hill Ave., Boston, MA 02120
Tel: (617) 754-5620 / 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) 314-2018 / 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 x100
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 Concord Ave., Cambridge, MA 02138
Tel: (857) 706-1107 / 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

Primary Occupational Health Centers

BDOHI 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****

New England Baptist Outpatient Care Center

40 Allied Dr., Dedham, MA 02026
Tel: (617) 754-5620
Contact: Kathy Lehan, NCM, (617) 754-6786
For appointments: (617) 754-5246

EAST 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) 525-6003

FAIRHAVEN

Southcoast Health System Urgent Care

208 Mill Rd, Fairhaven, MA 02719
Tel: (508) 973-2432 / Fax: (508) 973-2435
Contact: Joseph 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 x100

FALL RIVER

Southcoast Occupational Health @ Charlton Hospital

534 Prospect St., Fall River, MA 02720
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: Robert Hubbard, Practice 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

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

Primary Occupational Health Centers

BDOHI Credentialed Affiliates in **BLUE**

LAWRENCE

Work Health at Lawrence Hospital

Marston Medical Center
25 Marston St, Suite 204, Lawrence, MA 01841
Tel: (978) 683-4000 / Fax: (978) 946-8296
Contact: Janet Sheehan, Manager
For appointments: (978) 683-4000 X2010

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

LOWELL

Lowell General Hospital Urgent Care Center

****For Initial Treatment/Urgent Care Only****
1230 Bridge St., Lowell, MA 01850
Tel: (978) 459-2273
Contact: Elizabeth Cunningham, Practice Manager

MARLBOROUGH

CareWell Urgent Care

757 Boston Post Road East, Marlborough, MA 01752
Tel: (508) 630-8989 / Fax: (508) 630-8981

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) 634-8732
Contact: Melissa Paquette
For appointments: (508) 422-2761

NEEDHAM

Beth Israel Deaconess Hospital - Needham Occupational Health

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: Cheryl Quinn, (508) 316-0725
For appointments: (508) 316-0725

NORTH CHELMSFORD

Lowell General Hospital Occupational Medicine

10 Research Place, Suite 200,
North Chelmsford, MA 01863
Tel: (978) 458-6868 / Fax: (978) 458-3735
Contact: Barbara Kay, Practice Manager
For appointments: (978) 458-6868

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, Practice Manager

Primary Occupational Health Centers

BDOHI Credentialed Affiliates in **BLUE**

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 x100
For appointments: (508) 824-0243

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: Ann Keating, Practice Mgr, (978) 826-5953

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

CareWell Urgent Care

****COMING SOON ****
1088 Fall River Ave., Seekonk, MA 02771

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, 1st 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: Jay Paquette, 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) 460-3289 / Fax: (508) 486-4404
Contact: Mary Beth Colarusso, (508) 852-0600 x51352
For appointments: (508) 460-3289

SOUTHBRIDGE

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
Contact: Pat Gallant, Practice Manager
For appointments: (413) 783-9114

Primary Occupational Health Centers

BDOHI Credentialed Affiliates in **BLUE**

WorkWise at Mercy Hospital

Weldon Center at 233 Carew St., Springfield, MA 01104
Tel: (413) 748-6869 / Fax: (413) 748-6877
Contact: Barbara Haswell, Clinic Manager, opt #5
For appointments: (413) 748-6869 opt #2

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 Chamberlain, Practice Manager

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, Wareham, MA 02571
Tel: (508) 273-1810
Contact: Joseph Scott, (508) 973-9117

WILMINGTON

Concentra Urgent Care & Occupational Medical Ctr

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

WOBURN

All One Health

600 West Cummings Park, Suite 3400,
Woburn, MA 01801
Tel: (781) 935-8581 / Fax: (781) 938-4678
Contact: Regional Ops Manager
For appointments: (508) 655-9766

WORCESTER

CareWell Urgent Care

348 Greenwood St., Worcester, MA 01607
Tel: (774) 420-2103 / Fax: (774) 420-2104
Contact: Jay Paquette, Practice Manager

CareWell Urgent Care

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

Webster Square Medical

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

RHODE ISLAND

NORTH SMITHFIELD

Landmark Medical Center/Occupational Health

Landmark Medical Center's Fogarty Unit
116 Eddie Dowling Highway, N. Smithfield, RI 02896
Tel: (401) 769-2200 Ext .5400/ Fax: (401) 767-1739

PAWTUCKET

Armistice Urgent Care and Occupational Health

209 Armistice Blvd., Pawtucket, RI 02860
Tel: (401) 725-4100 / 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: Taylor Dougan, Practice Manager

Primary Occupational Health Centers

BDOHI Credentialed Affiliates in **BLUE**

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

HAMPTON

Occupational Health Services of Portsmouth Regional Hospital
55 High St., Suite 103, Hampton, NH 03842
Tel: (603) 929-7571 / Fax: (603) 929-4428

KEENE

Cheshire Medical Center Occupational Health
580 Court 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
125 Mascoma St., 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

MANCHESTER

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

NASHUA

St. Joseph Business & Health
166 Kinsley Street, Suite 201, Nashua, NH 03061-2013
Tel: (603) 595-7371

NEWPORT

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

PORTSMOUTH

Access Sports Medicine and Orthopedics
875 Greenland Rd., Portsmouth, NH 03801
Tel: (603) 431-3575 / Fax: (603) 778-9680

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

SALEM

Bedford Occupational & Acute Care/ExpresMED at Salem
159 North Broadway, Salem, NH 03079
Tel: (603) 898-0961 / Fax: (603) 898-0964

SOMERSWORTH

SeaCoast Redicare
396 High Street, #1, Somersworth, NH 03878
Tel: (603) 692-6066 / Fax: (603) 692-4815

TILTON

Merrimack Valley Occupational Health
614 Laconia Road, Rte 3, Tilton, NH 03276
Tel: (603) 717-7020 / Fax: (603) 717-7011

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 www.express-scripts.com/NATPLSNOFORM/index.html 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.

Sincerely,



Laura Parsons, WCLA, FCLA
Director of Claim

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 WORKS

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.



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