



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. 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.

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

P.O. Box 4210

Portland, OR 92708

**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
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.

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.



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

Employee Name (Last, First, MI): Employee Telephone: Social Security Number:
Employee Address: Sex: Date of Birth:
Insurer: A.I.M. Mutual MEIC AEIC Location Code: Marital Status:
Employer: Employer Telephone: Policy Number:
Employee Occupation: Witness to Accident: Date of incident: Time of incident:
Date of hire: Date assigned to present position: Date incident reported: To Whom: Returned to work:
Address where injury occurred (If different from Employer above): Date of Return to Work: Returned to Regular Job:
Type of injury (Burn, Fracture, Cut, etc.): Average 52 Week Wage:
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: / /

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: / /

TREATMENT AREA USE ONLY (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
Recommended Work Status: (Check one and provide additional information as appropriate)
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)

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.

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
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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							
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:
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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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Massachusetts

Amherst

Cooley Dickinson Occ. Health & Urgent Care
170 University Drive Amherst, MA 01002
Tel: 413-461-3530 / Fax: 413-461-3532

Attleboro

Sturdy Occupational Health
211 Park St. 2nd floor, Attleboro, MA 02703
Tel: 508-236-7500 / Fax: 508-236-7510
Contact: Martha Chapman, Practice Manager
For appointments: 508-236-7500

Auburn

ReadyMED
460 Southbridge St, Auburn, MA 01501
Tel: 508-595-2700 / Fax: 508-421-4607

Ayer

Nashoba Valley Occupational Health
200 Groton Road, Ayer, MA 01432
Tel: 978-784-9328 / Fax: 978-784-9666
Contact: Marika for accounts

Bellingham

ConvenientMD Urgent Care
245 Hartford Ave. Bellingham, MA 02019
Tel: 774-295-4355 / Fax: 774-295-4880
Account Contact: Michael Cigliè 781-267-5191

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

Boston

Occmed Consulting & Injury Care, LLC
10 Hawthorne Place, Boston, MA 02114
Tel: 617-367-5002 / Fax: 877-529-0181
Contact: Christine Garcia option 2
For appointments: 617-367-5002

Working Well Occupational Health at BMC
Shapiro Building 4th Floor Suite 4B 725 Albany St. Boston, MA 02118
Tel: 617-638-8400 / Fax: 617-638-8406
Contact: Cheryl Gilbride 617-638-8500 option 2

Bridgewater

Care Central Urgent Care
233 Broad St. Suite 14 Bridgewater, MA
Tel: 508-807-5265 / Fax: 508-807-5339

Burlington

ConvenientMD Urgent Care
181 Cambridge St. Burlington MA 01803
Tel: 781-730-0045 / Fax: 781-552-4842

Cambridge

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

Mount Auburn Hospital Occupational Health
725 Concord Ave, Suite 5100 Cambridge, MA 02138
Tel: 617-354-0546 / Fax: 617-868-4497
Contact: Kelly Reuell NP

Dartmouth

Southcoast Health Urgent Care
435 State Road, Route 6 Dartmouth, MA
Tel: 508-990-2900 / Fax: 508-973-3700

Dedham

Convenient MD Urgent Care
983 Boston Providence Turnpike, Dedham MA 02026
Tel: 781-819-6400 / Fax: 339-234-6921

Fairhaven

Southcoast Health System Urgent Care
208 Mill Rd, Fairhaven, MA 02719
Tel: 508-973-2432 / Fax: 508-973-2435

Fall River

Southcoast Health Urgent Care
450 William S. Canning Blvd. Fall River, MA 02721
Tel: 508-973-7044 / Fax: 508-973-7098
For appointments 508-973-0250

Falmouth

Convenient MD Urgent Care
40 Davis Straits, Falmouth, MA 02540
Tel: 774-255-3010 / Fax: 508-388-2312
Account Contact: Michael Cigliè 781-267-5191

Fitchburg

CareWell Urgent Care

380 John Fitch Highway, Fitchburg, MA 01420
Tel: 978-696-3547 / Fax: 978-696-3569
Account Contact: Tabatha O'Neil 781-426-6234

Framingham

ConvenientMD Urgent Care

236 Cochituate Road, Framingham MA 01701
Tel: 774-244-3227 / Fax: 774-244-4916
Account Contact: Michael Ciglie 781-267-5191

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: 413-253-0483 / Fax: 413-253-0576
Area Manager: Nathan Jamroga 413-241-1464

Holyoke

Work Connection at Holyoke Hospital

575 Beech Street Holyoke, MA 01040
Tel: 413-534-2546 / Fax: 413-534-2663
Patrick McIntyre, Manager
For appointments: 413-534-2576 option 10

Hyannis

Cape Cod Orthopedics Occupational Health

130 North St. Hyannis, MA 02601
Tel: 508-771-5770 / Fax: 508-771-5774
Contact: Joshua Rose

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

Merrimack Medical & Walk-in Center - Suite 304

25 Marston St, Lawrence, MA
Tel: 978-688-3100 / Fax: 978-688-3133

Leominster

ConvenientMD Urgent Care

20 Commercial Rd Ste 2, Leominster, MA 01453
Tel: 978-798-6896 / Fax: 978-798-6897

Urgent Care/Take Charge Occupational Health

510 North Main St., Leominster, MA 01453
Tel: 978-466-8820 / Fax: 978-466-8821
Theresa Pazdrol:
tcscheduling@healthalliance.com

Lexington

CareWell Urgent Care

58 Bedford St., Lexington, MA 02420
Tel: 781-538-4526 / Fax: 781-538-4531
Contact: Mike Lord, Regional Manager

Ludlow

ConvenientMD Urgent Care

471 Center St. Ludlow MA 01056
Tel: 413-625-3500 / Fax: 413-625-3655
Account Contact: Michael Ciglie 781-267-5191

Marlborough

AFC Urgent Care

38 Boston Post Rd W, Marlborough, MA
Tel: 508-658-0764 / Fax: 508-485-0764

MedWorks Occ. Health

157 Union St. Marlborough, MA 01752
Tel: 508-486-5711 / Fax: 774-843-7277
Contact: Annette Cascio 508-486-5901

Needham

Beth Israel Deaconess: Needham Occ. Health

300 Chestnut St. Ste 800 Needham, MA 02492
Tel: 781-453-8440 / Fax: 781-444-1821
(Does not suture/ they refer to ED)

CareWell Urgent Care

922 Highland Ave, Needham, MA 02494
Tel: 781-400-1383 / Fax: 781-400-5914

New Bedford

Southcoast Occ. 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

Newburyport

ConvenientMD Urgent Care

35 Storey Avenue Newburyport, MA
Tel: 978-225-6607 / Fax: 978-225-6609

North Andover

ConvenientMD Urgent Care

419 B Andover Street

Tel: 978-620-5048 / Fax: 978-620-5073

Sturdy Health Urgent Care

60 Messenger Street Plainville, MA 02762

Tel: 508-809-6262 / Fax: 508-809-6270

North Attleboro

Tristan Medical North Attleboro Care Center

465 S. Washington St., North Attleboro, MA 02760

Tel: 508-316-0725 / Fax: 508-316-1685

Peabody

CareWell Urgent Care

229 Andover St. (Rte.114), Peabody, MA 01960

Tel: 978-826-5950 / Fax: 978-826-5951

For Appointments: 978-826-5950

Account Contact: Tabatha O'Neil 781-426-6234

North Billerica

Circle Health Urgent Care

199 Boston Rd, N. Billerica 01862

Tel: 978-323-2850 / Fax:

Follow up Occ. Med. appts. In Westford 978-458-6868

ConvenientMD Urgent Care

210 Andover St. Peabody, MA

Tel: 978-488-3234 / Fax: 978-488-3235

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

Pembroke

ConvenientMD Urgent Care

296 Old Oak St. Pembroke MA 02359

Tel: 339-244-3033 / Fax: 339-244-3005

Account Contact: Michael Ciglie 781-267-5191

Northampton

Cooley Dickinson Urgent Care

30 Locust St. Northampton MA 01060

Tel: 413-582-4400 / Fax: 413-582-4857

Pittsfield

Berkshire Medical Center Occupational Health

610 North St., Pittsfield, MA 01201

Tel: 413-447-2684 / Fax: 413-447-2805

Northborough

CareWell Urgent Care

333 Southwest Cutoff. Unit 202

Northborough, MA 01532

Tel: 508-466-8677 / Fax: 508-466-8678

ConvenientMD Urgent Care

999 Dalton Avenue Pittsfield, MA

Tel: 413-242-6577 / Fax: 413-242-6637

Norton

Tristan Medical Occ. 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

Plymouth

Beth Israel Deaconess Occupational Health

45 Resnick Rd., Suite 104B, Plymouth, MA 02360

Tel: 508-732-0401 / Fax: 508-732-0354

Ted Harrington for accounts 508-732-0127

Norwell

CareWell Urgent Care

42 Washington St., Norwell, MA 02061

Tel: 781-421-3503 / Fax: 781-421-3512

ConvenientMD Urgent Care

140 Samoset Street, Plymouth, MA

Tel: 508-209-5362 / Fax: 508-209-5393

Plainville

ConvenientMD Urgent Care

86 Taunton St. Plainville MA 02762

Tel: 508-928-5211 / Fax: 508-928-5212

Account contact: Michael Ciglie 781-267-5191

Quincy

ConvenientMD Urgent Care

479 Washington St. Quincy MA 02169

Tel: 857-527-5220 / Fax: 857-529-5422

Account Contact: Michael Ciglie 781-267-5191

Raynham

Health Express Raynham

106 New State Hwy, Raynham, MA

Tel: 781-626-5500 / Fax: 774-501-3846

Saugus

ConvenientMD Urgent Care
156 Main Street, Saugus, MA
Tel: 339-674-0978 / Fax: 339-674-0914

Seekonk

Southcoast Urgent Care Center
39 Commerce Way, Seekonk, MA 02771
Tel: 508-336-6181 / Fax: 508-336-6191

Somerville

Cambridge Health Alliance Occupational Health
Assembly Square Care Center
5 Middlesex Ave, 1st Floor, Somerville, MA
02145
Tel: 617-591-4660 / Fax: 617-591-4693
For appointments: 617-591-4660

Southampton

Cooley Dickinson Urgent Care
12 College Highway Southampton, MA 01073
Tel: 413-582-4400 / Fax:

South Dennis

CareWell Urgent Care
Patriot Square, 484 Route 134, S. Dennis, MA
02660
Tel: 508-694-7901 / Fax: 508-694-7898
Account Contact: Tabatha O'Neil 781-426-6234

Southbridge

CompreCare Occ. Health Harrington Hospital
32 Oakes Ave. 1st Floor Southbridge, MA
01550
Tel: 508-765-3093 / Fax: 508-765-3047
Contact: Elizabeth, Practice Manager

Springfield

Concentra Urgent Care
140 Carando Drive Springfield, MA 01104
Tel: 413-746-4006 / Fax: 413-746-3230
Appointments: 413-746-4000

Trinity Health Urgent Care Center
1515 Allen St., Springfield, MA 01118
Tel: 413-783-9114 / Fax: 413-782-0960

Stoughton

Care Central Urgent Care
286 Washington St. Stoughton, MA 02072
Tel: 781-341-2800 / Fax: 781-341-2828
Contact: Terri

Tewksbury

CareWell Urgent Care
345 Main St., Tewksbury, MA 01876
Tel: 978-851-4683 / Fax: 978-710-5054
Account Contact: Tabatha O'Neil 781-426-6234

Circle Health Urgent Care

1574 Main St. Tewksbury, MA 01876
Tel: 978-323-5945 / Fax: 978-323-5951
Follow-up Occ. Appts in Westford 978-458-6868

Waltham

Newton-Wellesley Urgent Care Center
Children's Hospital Building
9 Hope Ave. Waltham, MA 02453
Tel: 617-243-5590 / Fax: 617-243-6126

Wareham

Southcoast Health Urgent Care
2421 Cranberry Highway Suite 20 Wareham, MA
02571
Tel: 508-273-1810
Contact: Kelly Houde, Office Manager

Westborough

ConvenientMD Urgent Care
139 Turnpike Road Westborough, MA 01581
Tel: 508-882-7300 / 508-882-7312
Account Contact: Michael Ciglie 508-882-7312

Westford

Circle Health/ Lowell General Hospital Occ. Med
198 Littleton Road, Westford, MA 01886
Tel: 978-458-6868 / Fax: 978-458-3735
Contact: Kelly Zapata

Weymouth

ConvenientMD Urgent care
987 Main St. Weymouth MA 02190
Tel: 781-927- 3000 / Fax: 781-277-3009
Account Contact: Michael Ciglie 781-267-5191

Wilmington

Concentra Urgent Care & Occ. Medical Ctr
66 B Concord St., Wilmington, MA 01887
Tel: 978-657-3826 / Fax: 978-657-5705
For account: Ellen_maxfield@concentra.com
For appointments: 978-657-3826

Worcester

CareWell Urgent Care

348 Greenwood St., Worcester, MA 01607
Tel: 774-420-2103 / Fax: 774-420-2104
Account Contact: Tabatha O'Neil 781-426-6234

CareWell Urgent Care

500 Lincoln St., Worcester, MA 01605
Tel: 774-420-2111 / Fax: 774-420-2112
Account Contact: Tabatha O'Neil 781-426-6234

Webster Square Medical Center

255 Park Ave., Suite 400, Worcester, MA 01609
Tel: 508-755-9776 / Fax: 508-831-7861
Contact: Kristin Gingerelli ext. 228

Maine

Augusta

Concentra Urgent Care

219 Capitol Street, Ste 2 Augusta, ME 04330
Tel: 207-629-5005 / Fax: 207-629-5220
Account executive: Crystal Berry

Bangor

Concentra Urgent Care

34 Gilman Road Bangor, ME 04401
Tel: 207-941-8300 / Fax: 207-947-3134
Account executive: Crystal Berry

Brunswick

Concentra Urgent Care

11 Medical Center Drive Brunswick, ME 04011
Tel: 207-725-2697 / Fax: 207-729-4719
Account executive: Crystal Berry

Lewiston

Concentra Urgent Care

59 East Ave Lewiston, ME 04240
Tel: 207-784-1680 / Fax: 207-783-9649
Account executive: Crystal Berry

Oxford

Concentra Urgent Care

1570 Main St, Ste.3 Oxford, ME 04270
Tel: 207-743-7399 / Fax: 207-743-1589
Account executive: Crystal Berry

Portland

Concentra Urgent Care

85 Western Ave, Ste 6,7,8 South Portland, ME 04106
Tel: 207-774-7751 / Fax: 207-828-5140
Account executive: Crystal Berry

Scarborough (Southborough)

Concentra Urgent Care

400 Southborough Dr, Ste 1 S. Portland, ME 04106
Tel: 207-761-1100 / Fax: 207-761-3700
Account executive: Crystal Berry

New Hampshire

Bedford

ConvenientMD Urgent Care

3 Nashua Road, Bedford, NH
Tel: 603-472-6700 / Fax: 603 472-6701

Belmont

Convenient MD Urgent Care

77 Daniel Webster Highway, Belmont NH 03220
Tel: 603-737-0550 / Fax: 603-737-8331
Account Contact: Michael Ciglie 781-267-5191

Berlin

Androscoggin Valley Occupational Health

59 Page Hill Rd. Berlin, NH 03570
Tel: 603-326-5797 / Fax: 603-326-5795
Contact: Susan Lessard

Claremont

Valley Regional Hospital Urgent Care

2543 Elm St. Dunning Bldg. Claremont, NH
Tel: 603-542-1825 / Fax:

Concord

Convenient MD Urgent Care

8 Loudon Road Concord, NH 03301
Tel: 603-226-9000 / Fax: 603-226-2268
Contact: Michael Ciglie 781-267-5191

Concentra Urgent Care

1 Pillsbury Street Concord, NH 03301
Tel: 603-223-2300 / Fax: 603-228-9730
Account executive: Crystal Berry

Concord Hospital Occupational Health

Pillsbury Medical Bldg. Suite 202
248 Pleasant St. Concord NH 03301
Tel: 603-230-1220 / Fax: 603-230-1225
Account contact: Victoria

Merrimack Valley Occupational Health

171 Pleasant St., Concord, NH 03301
Tel: 603-228-3500 / Fax: 603-228-3503

Conway

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

Dover

ConvenientMD Urgent Care
14 Webb Place, Dover, NH
Tel 603-742-7900 Fax: 603-343-4749

Exeter

Access Sports Medicine Walk-in / Occ. Medicine
Access Health Building
1 Hampton Rd, Exeter, NH 03833
Tel: 603-775-7575 / Fax: 603-778-9680
Brandi: bvalentine@accesssportsmed.com

Center for Occupational and Employee Health

6 Hampton Rd, Exeter, NH 03833
Tel: 603-580-6635 / Fax: 603-580-6579
Account Contact: Kathy Fisher 603-580-7344
For appointments: Kim 603-580-6635 ext. 6023

ConvenientMD Urgent Care

1 Portsmouth Avenue Exeter, NH
Tel: 603-772-3600 / Fax: 603-772-3601

Keene

Convenient MD Urgent Care
351 Winchester St. Keene NH 03431
Tel: 603-352-3406 / Fax: 603-352-3416
Account Contact: Michael Cigliie (781) 267-5191

Lebanon

Dartmouth Hitchcock Medical Ctr Occ. Medicine
One Medical Center Dr., Lebanon, NH 03756
Contact: Paul Boyle
Tel: 603-653-3850 / Fax: 603-650-0928
Appointments: Karen 603-653-3850

Alice Peck Day Memorial Hospital – Occ Health

9 Alice Peck Day Drive, Lebanon, NH 03766
Tel: 603-308-0040 / Fax: 603-442-5171

Littleton

ConvenientMD Urgent Care
551 Meadow Street Littleton, NH
Tel 603-761-3660 / Fax: 603-761-7791

Littleton Hospital Occupational Health

600 St. Johnsbury Rd., Littleton, NH 03561
Tel: 603-444-9294 / Fax: 603-444-9025

Manchester

Express MED/Bedford Occ. & Acute Care
1 Highlander Way, Manchester, NH 03103
Tel: 603-625-2622 / Fax: 603-626-1816
Contact: Dianne Annon 603-848-0177

Express MED/Bedford Occ. & Acute Care

35 Kosciuszko Street, Manchester, NH 03101
Tel: 603-627-8053 / Fax: 603-627-4241
Contact: Dianne Annon 603-848-0177

Concentra Urgent Care

1279 South Willow Street Manchester, NH
Tel: 603-644-3330 / Fax: 603-644-3332
Account executive: Crystal Berry

Nashua

ConvenientMD Urgent Care
2 Dobson Way Nashua, NH
Tel: 603-471-6069 / Fax: 603-471-6068

Concentra Urgent Care

14 Broad Street, Ste A Nashua, NH 03064
Tel: 603-889-2354 / Fax: 603-889-2793
Account executive: Crystal Berry

St. Joseph Business & Health

166 Kinsley St, Suite 203, Nashua, NH 03061
Tel: 603-595-7371 / Fax: 603-595-6943

Newport

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

Portsmouth

Access Sports Medicine / Occupational Health
155 Bothwick Ave. Suite 102 Portsmouth NH
03801
Tel: 603-431- 3575 / Fax: 603-775- 7177
Contact: Brandi Valentine 603-775-7000 e-mail:
bvalentine@accesssportsmed.com

ConvenientMD Urgent Care

599 Lafayette Road Portsmouth, NH
Tel: 603-942-7900 / Fax: 603-630-1009

Occ. Health Services of Portsmouth Hospital

25 New Hampshire Avenue, Suite 105
Portsmouth, NH 03801
Tel: 603-430-9675 / Fax: 603-334-6088

Salem

ExpressMED/ BOAC

159 North Broadway Salem NH 03079
Tel: 603-898-0961 / Fax: 603-898-0964
Contact: Dianne Annon 603-848-0177

Tilton

Merrimack Valley Occupational Health

614 Laconia Road, Rt 3 Suite 2 Tilton, NH
03276
Tel: 603-717-7020 / Fax: 603-704-3756
Appointments Amy Donovan 603-717-7020

Rhode Island

Cranston

Garden City Treatment Center

1150 Reservoir Ave. Ste. 100 Cranston, RI 02920
Tel: 401-946-2400 / Fax: 401-946-5862
(they only see RI claims)

East Greenwich

Atmed Treatment Center

5750 Post Road East Greenwich, RI 02818
Tel: 401-398-8760 / Fax: 401-398-8767

Johnston

Atmed Treatment Center

1524 Atwood Ave. Ste 122 North Johnston, RI.
02919
Tel.: 401-273-9400 / Fax: 401-273-2339

Pawtucket

Armistice Urgent Care and Occupational Health

209 Armistice Blvd., Pawtucket, RI 02860
Tel: 401-725-4100 / Fax: 401-728-5010

Providence

Concentra Urgent Care

290 Branch Ave. Providence, RI 02904
Tel: 401-722-8880 / Fax: 401-723-9320

Warwick

Care Well Urgent Care

535 Centerville Rd., Suite 102, Warwick, RI
02886
Tel: 401-773-7220 / Fax: 401-773-7221

Concentra Urgent Care

400 Bald Hill Road Warwick, RI 02886
Tel: 401-738-8100 / Fax: 401-723-2763

Woonsocket

Landmark Medical Center/Occupational Health

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

Vermont

Barre

Clear Choice MD Urgent Care

798 US. 302-Barre VT 05641
Tel: 802-744-0138 / Fax: 802-223-4120
Contact: 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 Occ. Health

140 Hospital Drive Bennington VT 05201
Tel: 802-447-5317 / Fax: 802-447-5378

Berlin

Central Vermont Medical Center Occ. Health

244 Granger Road Berlin VT 05602
Tel: 802-225-3944 / Fax: 802-225-3959

Clear Choice MD Urgent Care

798 US RT 302 Berlin, VT 05641
Tel: 802-774-0138 / Fax: 802-622-0836
Contact: Tom Lapointe 603-748-6577

Brattleboro

Clear Choice MD Urgent Care

1154 Putney Road Brattleboro, VT 05301
Tel: 802-490-2100 / 802-570-1280
Contact: Tom Lapointe 603-748-6577

Rutland

Clear Choice MD Urgent Care

173 South Main St. Rutland VT 05701
Tel: 802-772-4165 / Fax: 802-855-8489
Contact: Tom Lapointe 603-748-6577

Occupational Health at Rutland Regional

9 Commons St. Rutland VT 05701
Tel: 802-779-4443 / Fax: 807-747-4061

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 / Fax: 802-448-8206
Contact: Tom Lapointe 603-748-6577

Concentra Medical Center

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

St. Albans

Northwestern Medical Center Occ. Health

133 Fairfield St. St. Albans, VT 05478
Tel: 802-524-8911 / Fax: 802-524-1095
(They only see for initial visits)

St. Johnsbury

Northeastern VT Regional Hosp. Occ. Medicine

1290 Hospital Drive St. Johnsbury, VT 05819
Tel: 802-748-4393 / Fax: 802-748-6728



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.