

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



Claim **Kit**

in  
partnership  
with  
you



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

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

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

A.I.M. MUTUAL INSURANCE COMPANIES



54 Third Avenue, Burlington, MA 01803

## Workers' Compensation New Hampshire Claim Reporting Options

**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:

### **On-Line:**

Sign on to [www.aimmutual.com](http://www.aimmutual.com) and click Report A Claim and then Report A Claim NH.

You will be prompted to answer a series of questions similar to the information necessary to complete an Employer's First Report of Occupational Injury or Disease form (Form 8WC). 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 file Form 8WC (and Form 13WCA if appropriate) with the State of New Hampshire Department of Labor. If the claim is originally reported to us as a Medical Only claim but the injured employee is then disabled for four or more calendar days, please notify us by faxing or mailing Form 13 WCA to us, which we will then file with the Department of Labor.

### **By Fax:**

For **all** claims, complete and fax the Employers First Report of Occupational Injury or Disease form (Form 8WC) into us at **1-781-270-5599**. Form 8WC should be filed as soon as possible after knowledge of an employee's job-related injury or disease but no later than five days thereafter. We will file Form 8WC with the State of New Hampshire Department of Labor. If this or any injury results in an employee being disabled for four or more calendar days, complete and fax the Form 13 WCA (Employers Supplemental Report of Injury) to us at **1-781-270-5599**. It must be filed as soon as possible after date of knowledge of an occupational injury or disease, but no later than ten days thereafter. We will file this form with the New Hampshire Department of Labor.

### **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.**

You will receive a completed Form 8WC and a confirmation letter, followed by a claim acknowledgment letter including the name of the Claim Representative assigned to your case. We will file Form 8WC (and Form 13WCA, if appropriate) with the Department of Labor. If the claim is originally reported to us as a Medical Only claim but the injured employee is then disabled for four (4) or more calendar days, please notify us by faxing or mailing Form 13 WCA to us which we will then file with the Department of Labor. .

**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 Claims Folder for instructions.



## State of New Hampshire 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 Form 8WC and Form 13WCA, if applicable, with the State of New Hampshire Department of Labor.**

**If you need additional forms, they may be requested from A.I.M. Mutual Insurance Companies at 1-800-876-2765, Claim Services Department** or downloaded from the New Hampshire Department of Labor (DOL) website: [www.labor.state.nh.us/dol](http://www.labor.state.nh.us/dol)

**Applicable Forms include:**

***For any job-related claim:***

- |    |                |   |
|----|----------------|---|
| 1. | Form No. 8WC   | Employer's First Report of Occupational Injury or Disease |
| 2. | Form No. 8aWCA | Notice of Accidental Injury or Occupational Disease       |

***Additional forms for any lost time claim:***

- |    |                 |  |
|----|-----------------|--|
| 1. | Form No. 13 WCA | Employer's Supplemental Report of Injury |
| 2. | Form No. 76 WCA | Wage Schedule                            |

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## **Faxing or Mailing Medical Only and/or Loss of Time Claims**

### **A. Complete Employer's First Report of Occupational Injury or Disease (Form No. 8WC)**

You need to complete the Employer's First Report of Occupational Injury or Disease (Form No. 8WC) as soon as possible after knowledge of an employee's job-related injury or disease, but no later than five days thereafter. The timing of the filing of Form No. 8WC is very important. **Please file this report with us within five days of the injury or disease, or within five days of your receiving notice. We will file Form 8WC (and 13WCA, if needed) with the State of New Hampshire Department of Labor. If you phone in or report a new claim over the Internet, a completed Form 8WC will be sent to you.**

**(If the claim is originally reported to us as a medical only claim but the injured employee is then disabled for four (4) or more calendar days, please notify us by faxing or mailing Form 13WCA to us which we will then file with the Department of Labor.)**

#### **Form No. 8WC**

**Employee Information Section** - The injured worker's supervisor or similar person in authority should complete the information requested in areas 1 through 38.

**Employer Information** - The injured worker's supervisor or similar person in authority should complete the information requested in areas 39 through 53 and obtain the signature of an authorized company representative (areas 54 and 55).

Whenever possible, the injured employee should be asked to sign and date this form (areas 56-57).

Copies of this form should be distributed as follows:

1 <sup>st</sup> Copy:	A.I.M. Mutual Ins. Cos. Claim Department 54 Third Avenue P.O. Box 4070 Burlington, MA 01803-0970 Fax: 781-270-5599
2 <sup>nd</sup> Copy:	Employer's File Copy
3 <sup>rd</sup> Copy:	Employee's Copy

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### **B. Notice of Accidental Injury or Occupational Disease (Form No. 8aWCA)**

This report must be completed under the same guidelines as the Employer's First Report of Occupational Injury or Disease (Form 8WC). Photocopies of this form should be mailed along with the First Report to:

A.I.M. Mutual Insurance Companies  
54 Third Avenue  
P. O. Box 4070  
Burlington, MA 01803

(The original should be kept by the employer; the second copy given to the employee.)

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## II. LOST TIME CLAIMS

### A. Employer's Supplemental Report of Injury (Form No. 13 WCA)

*(For employee disability of four or more days. Also completed upon employee's return to work, full duty.)*

The Employer's Supplemental Report of Injury (Form No. 13 WCA) must be completed and filed in the event an employee's disability extends to four or more calendar days. It must be filed as soon as possible after the date of knowledge of an occupational injury or disease, **but no later than ten days thereafter (per New Hampshire Workers Compensation law RSA 281-A:53). A.I.M. Mutual Ins. Cos. will file Form 13WCA with the Department of Labor.**

This form should be completed by the injured worker's supervisor or similar person in authority and signed by an authorized representative of the company.

Copies of this form should be distributed as follows:

1<sup>st</sup> Copy: A.I.M. Mutual Ins. Cos. Claim Department  
54 Third Avenue  
P.O. Box 4070  
Burlington, MA 01803-0970  
Fax: 781-270-5599

2<sup>nd</sup> Copy: Employer's File Copy

3<sup>rd</sup> Copy: Employee Copy

### B. WAGE SCHEDULE (Form No. 76 WCA)

The Wage Schedule must be completed and submitted to A.I.M. Mutual Ins. Cos. together with the Employer's Supplemental Report of Injury (Form No. 13 WCA), but no later than the employee's fifteenth day of disability resulting from an industrial accident. Note: Two copies of Form No. 76 WCA must be sent to A.I.M. Mutual Ins. Cos. with Form No. 13 WCA. Copies of Form No. 76 WCA should be distributed as follows:

Two Copies: A.I.M. Mutual Ins. Cos. Claim Department  
54 Third Avenue  
P.O. Box 4070  
Burlington, MA 01803-0970

Additional Copies: For Employee and for Employer File

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## **Alternative Work Duties**

New Hampshire Workers Compensation law (RSA 281-A:23-b) mandates that employers give injured employees the opportunity to work in an alternative capacity. The law applies to employers with five or more employees.

Specifically, employers must identify and design alternative job duties with the intent of returning the injured employee to his/her original job as quickly as possible. Working directly with the injured employee, the health care provider and your A.I.M. Mutual Insurance Companies Claim Representative will determine the best way to develop alternative job duties that meet the needs of all involved.

***EMPLOYEE INFORMATION***					
Employee Name (First & Last)			Gender	Hired Date	
ID Type - Employee ID		Date of Birth	Age	Occupation when Injured	
Employee Address		Telephone	Wages per Hour	Hrs per Day	Average Weekly Earnings

***INJURY INFORMATION***					
Injury Date / Time		Date Employer Notified of Injury	Location/Jobsite & Business Name where accident occurred		
Disability Began Date					
Claim Type		Full Wages Paid on Injury Date			
<b>Accident Description</b>					
Body part Injured			Cause of Injury		
Nature of Injury			Witness Name		Witness Phone
Returned to work?	If so, what date?	If so, at what occupation?	If so, at what duty status?		
Initial Treatment				Initial Treatment Date	
Name of Treating Physician			Name of Treating Hospital		Has injured died? If so, what date

***EMPLOYER INFORMATION***				
Employer Name			Employer FEIN	Industry Code
Employer Contact Name		Contact Phone Number	Employer Business Address	
Managed Care Organization				
Leased Employee? Client Company			OCIP/Wrap-Up Policy? Name of policy holder	

***INSURER INFORMATION***			
Insurance Carrier	Insurer Type	Policy Number	Telephone Number

***SUBMITTER INFORMATION***			
Submitter Name	Title of Submitter	Represents	Telephone Number



THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
SPAULDING BUILDING  
95 PLEASANT STREET  
CONCORD, NEW HAMPSHIRE 03301

**NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE 8aWCA**  
(Please print or type)

To \_\_\_\_\_ Phone # \_\_\_\_\_  
(Name of **Employer**)

\_\_\_\_\_  
(Business Name and Address)

**IN ACCORDANCE WITH RSA 281-A:20**, This is to notify you that an injury occurred.

\_\_\_\_\_  
(Name of Injured **Employee**) SS # \_\_\_\_\_

\_\_\_\_\_  
(Address of Injured Employee) Daytime Phone # \_\_\_\_\_

\_\_\_\_\_  
(Date of Accident or First Treatment)

\_\_\_\_\_  
(Place Accident Happened)

Describe your injury or disease, and how it happened. Identify the body part(s) affected.

\_\_\_\_\_

I have been unable to work since my injury.                    \_\_\_Yes                    \_\_\_No

I have incurred the following medical bills.

Name of Doctor	Dates of Service	Amount
_____	_____	_____
Name of Hospital	Dates of Service	Amount
_____	_____	_____
Other	Dates of Service	Amount
_____	_____	_____

\_\_\_\_\_  
(Employer's Signature)  
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee's Signature)  
\_\_\_\_\_  
(Date)

**This form can be returned to DOL with or without employer's signature.**

**NOTICE TO EMPLOYER**

YOU MUST FILE AN EMPLOYER'S FIRST REPORT, Form No. 8WC, WITH THE LABOR COMMISSIONER AND THE NEAREST CLAIMS OFFICE OF YOUR INSURANCE CARRIER, AS SOON AS POSSIBLE AFTER ACQUIRING KNOWLEDGE OF THE OCCURRENCE OF AN OCCUPATIONAL INJURY OR DISEASE TO ONE OF YOUR EMPLOYEES OR UPON PRESENTATION OF THIS NOTICE BY HIM, BUT NO LATER THAN FIVE DAYS THEREAFTER. FAILURE TO COMPLY CARRIES AN AUTOMATIC CIVIL PENALTY OF UP TO \$2500. (RSA 281-A:53)

**THE STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF LABOR**  
**Employer's Supplemental Report of Injury**

This report, indicating disability of an employee of four or more days, shall be filed as soon as possible after date of knowledge of an occupational injury or disease, but no later than ten days thereafter. Consistent failure to make this report available to the labor commissioner and the nearest claims office of your insurance carrier carries an automatic civil penalty of up to \$100.00. (RSA 281-A:53) This report shall also be submitted upon employee's return to work.

1. Name of Employer \_\_\_\_\_ Employer's Identification No. \_\_\_\_\_  
(9 digit number assigned by proper Federal Agency)

2. Address \_\_\_\_\_  
(No. and St.) (City and State) (Zip Code)

3. Insured by \_\_\_\_\_

4. Name of Employee \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (S.S. Number)

5. Address \_\_\_\_\_  
(No. and St.) (City and State) (Zip Code)

6. Date of injury \_\_\_\_\_ 20 \_\_\_\_\_

7. Date Disability began \_\_\_\_\_ 20 \_\_\_\_\_ A.M. P.M.

8. \_\_\_\_\_  
(Specific dates of disability)  
\_\_\_\_\_  
(Specific dates of disability)

9. Has injured returned to work? \_\_\_\_\_ if so, date and hour \_\_\_\_\_ A.M. P.M.

10. Is injured person earning same wages as before injury? \_\_\_\_\_ If not, explain  
\_\_\_\_\_

Date of Report \_\_\_\_\_

Signed by \_\_\_\_\_

Official Title \_\_\_\_\_

Tel. No. \_\_\_\_\_

**THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
CONCORD, NH 03301  
WAGE SCHEDULE**

Employee \_\_\_\_\_ (Name)  
 Date of hire \_\_\_\_\_ Wages per hour \_\_\_\_\_ Avg. wkly. earnings \_\_\_\_\_  
 Employer \_\_\_\_\_ (Name)  
 Address \_\_\_\_\_ (No.) \_\_\_\_\_ (Street) \_\_\_\_\_ (City - State)

**EMPLOYER MUST FORWARD TO INSURANCE CARRIER A COPY OF THIS WAGE SCHEDULE OR A PRINTOUT OF GROSS WAGES NO LATER THAN EMPLOYEE'S FIFTEENTH DAY OF DISABILITY RESULTING FROM INDUSTRIAL ACCIDENT.PER LAB 506.02(b)**

THIS WAGE SCHEDULE IS FOR 52 WEEKS PRIOR TO DATE OF INJURY AND MUST BE FILED WITH DEPARTMENT OF LABOR BY INSURANCE CARRIER TOGETHER WITH 9 WCA.

WEEK ENDING	1	2	3
	GROSS WAGES (See Wages Definition)	WEEK ENDING	GROSS WAGES
1		27	
2		28	
3		29	
4		30	
5		31	
6		32	
7		33	
8		34	
9		35	
10		36	
11		37	
12		38	
13		39	
14		40	
15		41	
16		42	
17		43	
18		44	
19		45	
20		46	
21		47	
22		48	
23		49	
24		50	
25		51	
26		52	

CarrierName \_\_\_\_\_ (Employer's Signature)  
 Address \_\_\_\_\_ (Title)  
 Dept. Approval \_\_\_\_\_ Date \_\_\_\_\_

**GROSS WAGES:** In addition to money payments, means reasonable value of board, rent, housing, lodging, fuel or similar advantage received in the course of employment plus gratuities from others, but not including any sum paid by the employer to cover any special expenses entailed by the employee by the nature of his employment. Please provide a brief explanation for weeks with no wages. RSA 281-A:2, Par XV



## Second Injury Fund

New Hampshire's Second Injury Fund gives employers an opportunity to limit their compensation costs in the event that an impaired employee sustains a workers' compensation injury which leaves him/her more disabled than the same injury would leave a non-impaired worker. The worker's original impairment can be of any type of cause – work-related or not – as long as it is a permanent impairment and is serious enough to pose an obstacle to the worker in obtaining employment. The intent of the Second Injury Fund is to provide employers with an incentive to hire and retain workers with pre-existing impairments.

In order to apply for the Second Injury Fund reimbursement, an employer must have written documentation of the pre-existing impairment before the work injury occurs. The written record can take any form you wish (e.g. pre-placement physical examination report, a memorandum to the personnel file, interview notes signed and dated by the interviewer, or a letter from the rehabilitation counselor) as long as:

- The information is recorded in writing;
- The record clearly identifies the employee and the date that the record was created;
- The record presents knowledge of a permanent physical or mental impairment.

**The New Hampshire Department of Labor has developed a form to assist employers in documenting pre-existing impairments (see Form WCSIF-1c located on the following page). While the form should never be provided directly to employees to complete, an employer may ask an employee to voluntarily disclose any previous impairment, restriction, injury, illness, or disability. The employer should then document these conditions on the form and both sign and date it.**

This is the only step that an employer needs to take. We recommend that you keep all Second Injury Fund records in a separate folder rather than in the personnel file. In the event that the impaired worker becomes disabled from a workers' compensation injury in the future, A.I.M. Mutual Insurance Cos. may initiate the process of applying to the Second Injury Fund and ask the employer for a copy of all applicable records.

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**THE SECOND INJURY FUND**

The Second Injury Fund was established by the State of New Hampshire to encourage employers to employ people with previous injuries, illnesses or disabilities by offering the employer a limitation on workers' compensation liability with respect to these health conditions. This law is good for the employees who have previous impairments, restrictions, injuries, illnesses or disabilities and for the companies who employ them. All employers doing business in the State of New Hampshire are required to pay workers' compensation insurance. Insurance companies that write workers' compensation insurance in the State of New Hampshire pay into the Second Injury Fund based on the percentage of workers' compensation insurance business they write in the state. The amount of money in this fund is determined yearly, based on the amount of money needed to reimburse the insurance companies.

We can apply for the Second Injury Fund only when an employee injured on the job has a **documented** previous impairment, restriction, injury, illness or disability. By applying for the Second Injury Fund, we may be able to recoup some of the money paid on the claim, thereby reducing the cost of our workers' compensation insurance. It is important to point out that an application to the Second Injury Fund by us in **no way** affects an employee's workers' compensation benefits.

**We need your voluntary cooperation to place us in a position to be able to reduce our workers' compensation insurance costs. In order to take advantage of this fund, we must have prior written documentation of any previous impairment, restriction, injury, illness, or disability. This information will be handled in a strictly confidential manner.**

**Please describe any preexisting impairments, restrictions, limitations, injuries, illnesses or disabilities with dates:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **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

## **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. 2<sup>nd</sup> 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 4<sup>th</sup> 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

### **North Attleboro**

Tristan Medical North Attleboro Care Center  
465 S. Washington St., North Attleboro, MA  
02760  
Tel: 508-316-0725 / Fax: 508-316-1685

### **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

### **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

### **Northampton**

Cooley Dickinson Urgent Care  
30 Locust St. Northampton MA 01060  
Tel: 413-582-4400 / Fax: 413-582-4857

### **Northborough**

CareWell Urgent Care  
333 Southwest Cutoff. Unit 202  
Northborough, MA 01532  
Tel: 508-466-8677 / Fax: 508-466-8678

### **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

### **Norwell**

CareWell Urgent Care  
42 Washington St., Norwell, MA 02061  
Tel: 781-421-3503 / Fax: 781-421-3512

### **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

### Sturdy Health Urgent Care

60 Messenger Street Plainville, MA 02762  
Tel: 508-809-6262 / Fax: 508-809-6270

### **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

### ConvenientMD Urgent Care

210 Andover St. Peabody, MA  
Tel: 978-488-3234 / Fax: 978-488-3235

### **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

### **Pittsfield**

Berkshire Medical Center Occupational Health  
610 North St., Pittsfield, MA 01201  
Tel: 413-447-2684 / Fax: 413-447-2805

### ConvenientMD Urgent Care

999 Dalton Avenue Pittsfield, MA  
Tel: 413-242-6577 / Fax: 413-242-6637

### **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

### ConvenientMD Urgent Care

140 Samoset Street, Plymouth, MA  
Tel: 508-209-5362 / Fax: 508-209-5393

### **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, 1<sup>st</sup> 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](mailto: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](mailto: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

# 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.