

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

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

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

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

Sincerely,

Laura Parsons, WCLA, FCLA  
Director of Claim



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			
Accident Description					
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.

**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: \_\_\_\_\_

## Employer's guide to the Best Doctors Occupational Health Institute

### What you need to know

The treatment of work-related injuries requires physicians who are not only expert in the care of musculo-skeletal injuries, but they also must understand the importance of helping your employees return to rewarding productive lives. The quality of care your employee receives in the first few weeks of injury will have a tremendous influence on whether he or she is able to return to work safely or suffers from a prolonged disability.

### **About the Best Doctors Occupational Health Institute of Northern New England (BDOHI-NNE)**

BDOHI-NNE is a medical community of physicians and allied health professionals who have been selected by their peers for clinical excellence and an understanding of productivity issues so important to work-related injuries. The mission of BDOHI-NNE is to help your injured employees get the best care possible and to assure a safe recovery and a prompt return to productivity.

### **How to help your employees benefit from the Best Doctors Occupational Health Institute-NNE**

- Identify and encourage the use of the most convenient BDOHI-NNE Primary Occupational Health Center for your employees. For emergent situations dial 911.
- Display the A.I.M. Mutual/BDOHI-NNE poster with the name, address and phone number of the most convenient Primary Occupational Health Center in a public viewing area. The poster is available at [www.aimmutual.com](http://www.aimmutual.com) in our Forms Library.
- In the event of a **serious injury** please call us immediately at 1.866.270.3354. Please report all other injuries through our website [www.aimmutual.com](http://www.aimmutual.com). Click on **Report a Claim**.
- If your employee requires specialty care he or she can call the assigned A.I.M. Mutual claim handler at 1.800.876.2765 for several recommendations.

### **Remember...**

Your employees are your most important resource. Our mission is to help you, help them when injured on the job.

## Primary Occupational Health Centers

BDOHI Credentialed Affiliates in **BLUE**

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### AMESBURY

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

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

### AMHERST

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

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

### ATTLEBORO

#### **Sturdy Occupational Health**

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

### AUBURN

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

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

### AYER

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

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

### BEVERLY

#### **Quadrant Health Strategies**

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

### BILLERICA

#### **CareWell Urgent Care**

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

### BOSTON

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

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

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

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

### BROCKTON

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

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

### CAMBRIDGE

#### **CareWell Urgent Care**

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

#### **CareWell Urgent Care**

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

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

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

### DEDHAM

#### **Davis Occupational Health**

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

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

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

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

## DRACUT

### **Circle Health Dracut (Opening Sept 17<sup>th</sup> 2018)**

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

## EAST LONGMEADOW

### **Occu-Health**

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

## FAIRHAVEN

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

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

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

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

## FALL RIVER

### **Southcoast Occupational Health @ Charlton Hospital**

534 Prospect St., Fall River, MA 02720  
Tel: (508) 973-7044 / Fax: (508) 973-7098  
Contact: Karen Scott, (508) 973-9117  
For appointments: (508) 973-7044

### **Trumed Inc.**

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

## FITCHBURG

### **CareWell Urgent Care**

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

## FRAMINGHAM

### **CareWell Urgent Care**

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

## GREENFIELD

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

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

## HADLEY

### **MedExpress Urgent Care**

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

### **Occu-Health**

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

## HOLYOKE

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

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

## HYANNIS

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

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

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

489 Bearses Way, Hyannis, MA 02601  
Tel: (508) 771-4092 / Fax: (508) 771-9466  
Contact: Harvey Scher, Operations Manager  
For appointments: (508) 771-4092

## LAWRENCE

### **Work Health at Lawrence Hospital**

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



## Primary Occupational Health Centers

BDOHI Credentialed Affiliates in **BLUE**

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### LEOMINSTER

#### **Take Charge Occupational Health**

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

### LEXINGTON

#### **CareWell Urgent Care**

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

### LONGMEADOW

#### **Occu-Health**

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

### MARLBOROUGH

#### **CareWell Urgent Care**

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

#### **MedWorks Occupational Health**

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

### MILFORD

#### **TeamWork Occupational Health - Milford Hospital**

115 Water St., 2nd Floor, Milford, MA 01757  
Tel: (508) 422-2761 / Fax: (508) 473-7588  
Contact: Melissa Paquette  
For appointments: (508) 422-2761

### NEEDHAM

#### **Beth Israel Deaconess Hospital - Needham Occupational Health**

300 Chestnut St., Needham, MA 02492  
Tel: (781) 453-8440 / Fax: (781) 453-8445  
Contact: Karen Foulkrod, Administrative Director  
For appointments: (781) 453-8440

**(Does not suture)**

### **CareWell Urgent Care**

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

### NEW BEDFORD

#### **Southcoast Occupational Health at St Luke's Hospital**

101 Page St., New Bedford, MA 02740  
Tel: (508) 973-5469 / Fax: (508) 973-5472  
Contact: Joseph Scott, (508) 973-9117  
For appointments: (508) 973-5469

### NORTH ATTLEBORO

#### **Tristan Medical North Attleboro Care Center**

465 S. Washington St., North Attleboro, MA 02760  
Tel: (508) 316-0725 / Fax: (508) 316-1685  
Contact: Chanell Sae-Eaw, (508) 316-0725  
For appointments: (508) 316-0725

### NORTH EASTON

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

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

### NORTHBOROUGH

#### **CareWell Urgent Care**

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

### NORTON

#### **Tristan Medical Occupational Health & Primary Care**

184 West Main St., Norton, MA 02766  
Tel: (508) 824-0243 / Fax: (508) 828-1810  
Contact: Donna Chase, (508) 824-0243 option 5  
For appointments: (508) 824-0243

### NORWELL

#### **CareWell Urgent Care**

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

### PEABODY

#### **CareWell Urgent Care**

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

## Primary Occupational Health Centers

BDOHI Credentialed Affiliates in **BLUE**

### PITTSFIELD

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

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

### PLYMOUTH

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

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

### RAYNHAM

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

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

### SANDWICH

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

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

### SEEKONK

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

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

### SHREWSBURY

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

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

### SOMERVILLE

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

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

#### **CareWell Urgent Care**

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

### SOUTH DENNIS

#### **CareWell Urgent Care**

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

### SOUTHBOROUGH

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

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

### SOUTHBRIDGE

#### **CompreCare Occupational Health**

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

### SPRINGFIELD

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

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

#### **WorkWise at Mercy Hospital**

Weldon Center at 233 Carew St, Suite 125  
Springfield, MA 01104  
Tel: (413) 748-6869/ Fax: (413) 748-6877  
Contact: Patty Weller, Clinic Manager, opt #5  
For appointments: (413) 748-6869 opt #2

### STOUGHTON

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

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

### TEWKSBURY

#### **CareWell Urgent Care**

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

### WALTHAM

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

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

**Primary Occupational Health Centers**

BDOHI Credentialed Affiliates in **BLUE**

**WAREHAM**

**Southcoast Health Systems Urgent Care**

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

**WESTFORD**

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

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

**WILMINGTON**

**Concentra Urgent Care & Occupational Medical Ctr**

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

**All One Health**

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

**WORCESTER**

**CareWell Urgent Care**

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

**CareWell Urgent Care**

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

**Webster Square Medical Center**

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

**RHODE ISLAND**

**PAWTUCKET**

**Armistice Urgent Care and Occupational Health**

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

**WARWICK**

**CareWell Urgent Care**

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

**WOONSOCKET**

**Landmark Medical Center/Occupational Health**

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

**NEW HAMPSHIRE**

**BERLIN**

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

**CONCORD**

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

**CONWAY**

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

**EXETER**

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

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

**Primary Occupational Health Centers**

BDOHI Credentialed Affiliates in **BLUE**

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**KEENE**

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

**LEBANON**

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

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

**LITTLETON**

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

**MANCHESTER**

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

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

**NASHUA**

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

**NEWPORT**

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

**PORTSMOUTH**

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

## **Express Scripts Pharmacy Program for Injured Workers**

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

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

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

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

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

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

Sincerely,



Laura Parsons, WCLA, FCLA  
Director of Claim



# Workers' Compensation Temporary Prescription ID Card

## »» To the Injured Worker:

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

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

## Atencion Trabajador Lesionado:

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

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

## »» To the Pharmacist:

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

### Pharmacy Processing Steps

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

### Express Scripts

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

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

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

MM/DD/YYYY

Group #: AIM WORKS

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

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

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

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

### Employee Information

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

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

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

### Employer Name

\_\_\_\_\_



EXPRESS SCRIPTS®

## Participating Retail Network Pharmacies

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

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



EXPRESS SCRIPTS®