

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

### Vermont 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:**

Log on to [www.aimmutual.com](http://www.aimmutual.com). Select Report A Claim / Report A Claim VT.

You will be prompted to answer a series of questions similar to the information necessary to complete a Form 1. 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 1 with the State of Vermont Department of Labor. Even if the claim is for first-aid only injury claims, submit the Form 1 to us. We will file this form with the Vermont 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.** Please have your policy number on hand prior to calling. You will receive a completed Form 1 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 1 with the State of Vermont Department of Labor. Even if the claim is for first-aid only injury claims, submit the Form 1 to us. We will file this form with the Vermont 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 Fax:**

For **all** claims, complete and fax the Employer First Report of Injury (Form 1) to us at **1-781-270-5599**. Form 1 should be filed as soon as possible after knowledge of an employee's job-related injury or disease but no later than 72 hours thereafter. We will file Form 1 with the State of Vermont Department of Labor. Even if the claim is for first-aid only injury claims, submit the Form 1 to us. We will file this form with the Vermont Department of Labor.

#### **By Mail:**

Mail the completed Form 1 to A.I.M. Mutual Insurance Companies, Attn: Claim Department, 54 Third Avenue, P.O. Box 4070, Burlington, MA 01803-0970



## State of Vermont 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 Employer First Report of Injury (Form 1) with the State of Vermont 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 Vermont Department of Labor (DOL) website: [www. http://labor.vermont.gov/forms/#comp](http://labor.vermont.gov/forms/#comp)

**Applicable Forms include:**

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

1. Form No. 1                      Employer First Report of Injury

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

1. Form 7                      Workers' Compensation Medical Authorization
2. Form 8                      Notice of Intent to Change Health Care Provider
3. Form 10                     Certificate of Dependency and Concurrent Employment
4. Form 25                     Wage Statement

## Reporting First Aid Injuries and/or Loss of Time Claims

### **Complete Employer's First Report of Injury (Form No. 1)**

You need to complete the Employer's First Report Injury (Form No. 1) as soon as possible after knowledge of an employee's job-related injury or disease, but no later than 72 hours thereafter. The timing of the filing of Form No. 1 is very important. **Please file this report with us within 72 hours of the injury or disease, or immediately upon your receiving notice. We will file Form 1 with the State of Vermont Department of Labor. If you phone in or report a new claim over the Internet, a completed Form 1 will be sent to you. Report a claim at [www.aimmutual.com](http://www.aimmutual.com)**

**(If a first-aid claim only claim becomes a lost time claim, notify A.I.M. Mutual immediately. You will then be required to complete Form 25-Wage Statement which we will then file with the Vermont Department of Labor.)**

#### **Mail or Fax to:**

A.I.M. Mutual Insurance Cos. Claim Department  
54 Third Avenue  
P.O. Box 4070  
Burlington, MA 01803-0970  
Fax: 781-270-5599

**For lost time claims, be sure to give the injured employee a copy of Notice of Intent to Change Health Care Provider-Form 8 and a completed copy of Form 1.**

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### **Employers' Responsibility for Reporting an Injury Vermont Department of Labor**

1. You must report any injury that results in medical care or an absence of work within 72 hours of notice of the injury to A.I.M. Mutual Insurance Companies (A.I.M. Mutual, AEIC). Filing a First Report does not make you liable for the injury.
2. First-aid only injury claims also must be reported using Form 1. Complete and submit Form 1 to A.I.M. Mutual Insurance Companies and we will report the claim to the Vermont Department of Labor on your behalf.
3. A.I.M. Mutual will assign an adjuster to investigate your claim and either accept or deny it within 21 days of your having notice or knowledge of the injury. Send any information that you have regarding the injury or incident directly to your A.I.M. Mutual adjuster to assist him or her in the investigation.
4. You may direct the injured employee to a company doctor for his or her first visit or to an A.I.M. Vantage Occupational Health facility. The employee may change doctors after that by filing a Change of Health Care provider-Form 8.
5. Once you have been notified that the injured worker has a work capacity, keep A.I.M. Mutual aware of any available work that you have for the injured employee. **Be sure to notify A.I.M. Mutual as soon as the injured employee returns to work.**

# A.I.M. Mutual Insurance Companies

## Internet Claim Reporting VERMONT

### Report A Claim For VERMONT

#### EMPLOYER'S FIRST REPORT OF INJURY

Fields marked with an asterisk (\*) are required—you cannot submit the form unless these fields are completed

1. Employer's Legal Name \*

2. Mail Address \*

3. City \*

4. State \*

5. Zip \*

6. Location (if different from  
Mail Address)

7. Phone Number \*

8. Employer Contact Person \*

9. Nature of Business

10. Do you regularly employ 10  
or more employees?  Yes  
 No

11. FEIN \*

12. Employee's First Name \*

13. Employee's Last Name \*

14. Social security number \*

15. Date of Birth (mm/dd/yyyy) \*

16. Home Address \*

17. City \*

18. State \*

19. ZIP \*

20. Home Phone Number \*

21. Work Phone Number

22. Age

23. Job Title

24. Sex \*

- Male  
 Female  
 Unknown

25. Marital status \*

- Single  
 Married  
 Separated  
 Unknown

26. Wages(\$/hour) \*

27. Hours Per Day

28. Days per Week

29. If board, lodging, etc. were  
furnished in addition to wages,  
state estimated value (\$)

30. Was employee hired in VT

- Yes  
 No

31. Employment Status \*

32. Date of Hire \*

33. Date of Accident \*

Enter date

34. Accident time

Enter time

35. Began shift

36. State of Accident\*

37. Date reported to employer\*

38 Machine, tool, object, motor vehicle or substance directly causing injury:

39. On employer's premises?  Yes  No

40. If yes, name of department

41. Describe what the employee was doing\*

42. Was this the employee's regular occupation?  Yes  No

43. How did accident occur?\*

44. Describe the injury and the part of the body injured (part of body code)\*

45. Nature of injury(code)\*

46. Cause of injury(code)\*

47. Was this a first-aid only injury\*  Yes  No

48. Any lost time\*  Yes  No

49. If yes, date disability began

50. Last date paid in full:

51. Employee returned to work?\*  Yes  No

52. If so, what date?

53. Medical only incident:  Yes  No

54. Did injury result in death?  Yes  No

55. If yes, date of death

56. Name and address of Physician

57. Name and address of Hospital

58. Remained overnight  Yes  No

59. Insurance Company Named on Workers' Compensation Policy

60. Policy Number\*

61. Claim Administrator (Company name and Phone number)

60. Policy Number\*

61. Claim Administrator (Company name and Phone number)

62. Signed by : (Name/Title/Date)\*

63. Email\*

64. Comments



State File No. \_\_\_\_\_

**EMPLOYER FIRST REPORT OF INJURY**

Answer every question fully and report promptly to avoid a penalty. Employer's Federal ID Number and Employee Social Security Number MUST be provided.

EMPLOYER	1. Legal Name:			2. Business Name:				
	3. Mail Address: No. and Street			City		State Zip		
	4. Location (if different from Mail Address):			5. Telephone Number, Extension and Contact Person.:				
	6. Nature of Business (list principal products or service of concern):			7. Do you regularly employ 10 or more employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Federal ID No.:		
EMPLOYEE	9. Name: First Name		Middle Initial	Last Name		10. Social Security No.:	11. Date of Birth:	
	12. Home Address: No. and Street			13. Home Phone No.:	14. Work Phone No:	15. Age:		
	City		State	Zip	16. Job Title:		17. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
	18. Wages \$ Per	Hours Per Day Days Per Week	19. If board, lodging, etc. were furnished in addition to wages, state estimated value: \$		20. Was employee hired in VT? <input type="checkbox"/> Yes <input type="checkbox"/> No		21. Date of Hire	
ACCIDENT	22. Date of Accident:		Accident Time: AM PM		Began Shift: AM PM		23. Location of Accident: Town or State City	
	24. Machine, tool, object, motor vehicle or substance directly causing injury:							
	25. On employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, name of department:			
	26. Describe what employee was doing:				Was this the employee's regular occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
27. How did accident occur? Describe events leading up to the accident:								
INJURY	28. Describe the injury and the part of the body injured.						29. Was this a first-aid only injury: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	30. Any Lost Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date disability began		Last date paid in full:		31. Employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	32. Did injury result in death? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of death.					
	33. Name and address of Physician:							
34. Name and address of Hospital:						Remained Overnight <input type="checkbox"/> Yes <input type="checkbox"/> No		
INS	35. Insurance Company Named on Workers' Compensation Policy				35A. Claim Administrator			
	Name in full: _____				Company Name _____			
	Policy No. _____				Phone Number _____			
Signed by: _____								
Employer or Representative				Title		Date		



Department of Labor
Workers' Compensation Division
PO Box 488
Montpelier, VT 05601-0488
(802) 828-2286

State File No.
Ins. Co. File No.
Date of Injury
Soc. Sec. No.

REPORT OF FATAL ACCIDENT

IMPORTANT: This report is to be used only when a work related injury results in a fatality. In all such cases, the Employer's First Report of Injury (Form 1) also must be filed.

- 1. Name of Employer:
2. Address of Employer:
3. Nature of Business:
4. Name of Injured Person:
5. Residence of Injured Person at Time of Death:
6. Date of Accident:
7. Date of Death:
8. Place where Injured Person Died:
9. [ ] Single [ ] Married [ ] Civil Union [ ] Widower [ ] Widow [ ] Divorced
10. Number of Children under Eighteen years of age:
11. If no Spouse or Reciprocal Beneficiary or Children Survive, State Other Relatives Dependent Upon Deceased:
12. Relationship of Dependents:

Dated this \_\_\_ day of \_\_\_ 20\_\_\_ (year)

Employer

By \_\_\_ Official Position



State File No.: \_\_\_\_\_

Ins. Co. File No.: \_\_\_\_\_

### VERMONT WORKERS' COMPENSATION MEDICAL AUTHORIZATION

**NOTE: Title 21 VSA §655a requires all providers to utilize and comply with this medical release authorization form when seeking or providing medical information relative to a workers' compensation claim. Workers' Compensation claims are expressly exempted from the terms and provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR 164.512(1).**

*A copy of 21 VSA §655a is included with this form (see Page 2 of 2).*

TO: \_\_\_\_\_  
(Physician, Hospital or other medical practitioner)

This, or a photocopy, will authorize you to release to \_\_\_\_\_  
(Insurance Carrier, Employer and/or its counsel of record)

at the following address: \_\_\_\_\_

All relevant medical information you may have relating to the treatment or diagnosis of my work related injury claim that involves injury to my:

\_\_\_\_\_  
(enter body part(s) or health condition)

that occurred on or about \_\_\_\_\_, 20 \_\_\_\_\_

**RELEVANT MEDICAL INFORMATION INCLUDES records relating to a past history of complaints or treatment of a condition similar to that presented in the work injury claim or other conditions related to the same body part and may include:**

- (1) Minimum data to justify services and payment, including that on the standard paper 1500 form or electronic 837 form.
- (2) Office visit notes, diagnostic reports, medical evaluations relating to the injury diagnosis or treatment.
- (3) Any other relevant provider records contained in the file.

Name: \_\_\_\_\_  
(Print Claimant/Patient Name)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Title 21: Labor**

### ***Chapter 9: EMPLOYER'S LIABILITY AND WORKERS' COMPENSATION***

#### **21 V.S.A. § 655a. Release of relevant medical records by health care providers; department to oversee release and use of relevant medical information**

##### **§ 655a. Release of relevant medical records by health care providers; department to oversee release and use of relevant medical information**

(a) Health care providers examining or attending the examination of an injured worker pursuant to this chapter shall provide relevant medical records and reports as requested by the injured worker, the employer, or the department regarding the diagnosis, condition, or treatment of the worker, permanent impairment, or any restrictions or limitations on the worker's ability to work upon receiving a written medical release authorization from the injured worker. The authorization shall be on a form approved by the department. If the relevance of any medical information is disputed, the department shall determine whether the requested medical information is relevant.

(b) Medical information relevant to the specific claim includes a past history of complaints or treatment of a condition similar to that presented in the claim or other conditions related to the same body part. Information that may be requested includes:

(1) Minimum data to justify services and payment, including that on the standard paper 1500 form or electronic 837 form.

(2) Office notes of the examination relating to the injury diagnosis or treatment.

(3) Any other relevant provider records contained in the file.

(c) An injured worker shall only be obligated to sign a medical record release authorization approved by the department.

(d) Any medical information received by the employer or the insurance carrier that is found not to be relevant to the claim may not be used to deny or limit a claim. The commissioner may order that specific disclosure requests be denied or rescinded and may make such other interim orders as are appropriate.

(e) Any medical information received in conjunction with a claim shall be used only for the purpose of advancing or defending a claim relating to the injury or of investigating a claim of false representation or of ensuring compliance with the workers' compensation statutes and rules. (Added 2011, No. 50, § 4.)



Vermont Department of Labor  
 Workers' Compensation  
 PO Box 488  
 Montpelier, VT 05601-0488  
 (802) 828-2286

Form 10 (rev 9/11)

State File # \_\_\_\_\_  
 Ins. Co. File # \_\_\_\_\_  
 Date of Injury \_\_\_\_\_

www.labor.vermont.gov

**Certificate of Dependency and Concurrent Employment**

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

TO THE EMPLOYEE: This form MUST be completed in every workers' compensation case in which an injured worker has lost time from work as the result of a work-related injury. The form must be completed even when the injured worker has no dependents. The information must be supplied and the form signed by the injured worker. This information is required to determine the employee's right to additional weekly compensation of \$10.00 for each dependent child under the age of twenty-one (21) years.

List below your dependent child(ren) up to 21 years old that have not already been declared by your spouse on his/her current workers' compensation claim.\*\*

Name of Dependent	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Concurrent employment: If you were working for more than one employer on the date of injury indicated above please provide the following information.\*\*

Name of Employer	Employer's Address	Employer's Phone Number	Date of Hire
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the above is a true, complete and accurate statement of my dependents and concurrent employment.

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\*\*Attach additional sheets if necessary and return this to the insurance carrier



WAGE STATEMENT – For injuries occurring on or after January 1, 2025

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Did the employee receive a raise during the 26 weeks listed?  Yes  No If yes, please list the effective date. \_\_\_\_\_

Wage Rate: \$ \_\_\_\_\_ per \_\_\_\_\_ Number of Days Hired to Work: \_\_\_\_\_ Number of Hours Hired to Work: \_\_\_\_\_

	Week Ending			Number of Hours or Days Worked	Gross Wages	Extras (as in 7 or 8). Please indicate what the extra is, for example, \$1000.00 bonus
	Month	Day	Year			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						

**INSTRUCTIONS: Read Carefully.** See also WC Rules 8.1100 and 8.1200.  
 1. Enter **GROSS** wages of employee for 26 weeks before date of accident (**NOT take-home pay**).  
 2. Do not include the week of the accident.  
 3. If the employee began earning "larger regular wages" during the week of the accident, enter the **weekly** larger regular wages here: \$ \_\_\_\_\_. See Cunningham, 05-25WC  
 4. Leave blank any weeks where the employee worked fewer than half his or her regular hours **and** was paid for fewer than half the regular hours due to unpaid time off.  
 5. Include any weeks where the employee worked at least half his or her regular hours; also include any weeks where the employee was paid for at least half the regular hours, even if he or she was paid with vacation time or other paid leave.  
 6. Leave blank those weeks in which you had reduced operations or a plant shutdown and for which the employee was paid for less than 1/2 of a work week.  
 7. If room, board, lodging or other "extras" (electricity, fuel, etc.) are provided in addition to monetary wages, break these down into a weekly value, and include and describe the income in the column marked "EXTRAS." This includes tips if not included in gross wages.  
 8. Include any bonuses and commissions paid to the employee in addition to wages in the column marked "EXTRAS."  
 9. Enter the dates when your normal work week ends (not the date a check is issued to the employee) and the number of hours or days worked.

When did the employee begin losing time? \_\_\_\_\_ Was the employee paid in full for the day of the accident? \_\_\_\_\_

Are employee's wages subject to any child support withholding order?  Yes  No  
 If yes, in what amount? \$ \_\_\_\_\_ per \_\_\_\_\_

Day of the week the check is mailed to the employee or deposited in the employee's account \_\_\_\_\_

This is a correct statement of the employee's earnings as taken from the employer's payroll records.

By: \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Signature of Preparer

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to:

Insurance Carrier Name: A.I.M. Mutual Insurance Companies State File No. \_\_\_\_\_  
 Insurance Carrier Address: 54 Third Avenue, P.O. Box 4070 Ins. Co. File No. \_\_\_\_\_  
 Insurance Carrier City/State/Zip: Burlington, MA 01803-0970 Date of Injury \_\_\_\_\_  
 Insurance Carrier Adjuster: \_\_\_\_\_

## NOTICE OF INTENT TO CHANGE HEALTH CARE PROVIDER

Note: An employee has the right to change health care providers from the one suggested or assigned to them by their employer, **regardless** of the reasons for the change, at **any time** during the course of treatment after the first appointment.

Employee Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

I am changing my medical care for my work-related injury from the first treating health care provider selected by my employer to the provider of my choice.

### FIRST TREATING PROVIDER

### NEW TREATING PROVIDER

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

- I am changing because:
- I would rather treat with my family health care provider.
  - I believe another health care provider is better able to treat my symptoms.
  - I have previously treated with another health care provider.
  - Other (please describe below): \_\_\_\_\_

This notice should be presented to the employer/insurance carrier prior to changing health care providers to fulfill the requirements of Vermont law, [21 V.S.A. § 640(b)]. Notice is not required for subsequent changes of provider after the first change of provider form is submitted.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



## **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

Sturdy Health Urgent Care

60 Messenger Street Plainville, MA 02762

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

### **North Attleboro**

Tristan Medical North Attleboro Care Center

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

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

### **Peabody**

CareWell Urgent Care

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

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

For Appointments: 978-826-5950

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

### **North Billerica**

Circle Health Urgent Care

199 Boston Rd, N. Billerica 01862

Tel: 978-323-2850 / Fax:

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

ConvenientMD Urgent Care

210 Andover St. Peabody, MA

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

### **North Easton**

Care Central Urgent Care

682 Depot Street, North Easton, MA 02356

Tel: 508-297-1665 / Fax: 508-297-2114

Contact: Dr. Renee Wilson, Owner

### **Pembroke**

ConvenientMD Urgent Care

296 Old Oak St. Pembroke MA 02359

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

Account Contact: Michael Ciglie 781-267-5191

### **Northampton**

Cooley Dickinson Urgent Care

30 Locust St. Northampton MA 01060

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

### **Pittsfield**

Berkshire Medical Center Occupational Health

610 North St., Pittsfield, MA 01201

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

### **Northborough**

CareWell Urgent Care

333 Southwest Cutoff. Unit 202

Northborough, MA 01532

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

ConvenientMD Urgent Care

999 Dalton Avenue Pittsfield, MA

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

### **Norton**

Tristan Medical Occ. Health & Primary Care

184 West Main St., Norton, MA 02766

Tel: 508-824-0243 / Fax: 508-828-1810

Contact: Donna Chase, 508-824-0243 option 5

For appointments: 508-824-0243

### **Plymouth**

Beth Israel Deaconess Occupational Health

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

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

Ted Harrington for accounts 508-732-0127

### **Norwell**

CareWell Urgent Care

42 Washington St., Norwell, MA 02061

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

ConvenientMD Urgent Care

140 Samoset Street, Plymouth, MA

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

### **Plainville**

ConvenientMD Urgent Care

86 Taunton St. Plainville MA 02762

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

Account contact: Michael Ciglie 781-267-5191

### **Quincy**

ConvenientMD Urgent Care

479 Washington St. Quincy MA 02169

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

Account Contact: Michael Ciglie 781-267-5191

### **Raynham**

Health Express Raynham

106 New State Hwy, Raynham, MA

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

### **Saugus**

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

### **Seekonk**

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

### **Somerville**

Cambridge Health Alliance Occupational Health  
Assembly Square Care Center  
5 Middlesex Ave, 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



## Express Scripts Pharmacy Program for Injured Workers

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

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

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

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

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

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

A.I.M. MUTUAL INSURANCE COMPANIES

# Workers' Compensation Temporary Prescription ID Card

## »» To the Injured Worker:

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

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

## Atencion Trabajador Lesionado:

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

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

## »» To the Pharmacist:

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

### Pharmacy Processing Steps

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

### Express Scripts

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

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

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

MM/DD/YYYY

Group #: AIM VANTAGE

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

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

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

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

### Employee Information

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

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

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

### Employer Name

\_\_\_\_\_



## Participating Retail Network Pharmacies

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

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



EXPRESS SCRIPTS®