

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\*

34. Accident 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.:
	12. Home Address: No. and Street			13. Home Phone No.:	14. Work Phone No:	15. Age:
	City		State	Zip	16. Job Title:	
	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
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		
INJURY	27. How did accident occur? Describe events leading up to the accident:					
	28. Describe the injury and the part of the body injured.					<b>29. Was this a first-aid only injury:</b> <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



STATE OF VERMONT  
 Department of Labor  
 Workers' Compensation  
 5 Green Mountain Drive, PO Box 488  
 Montpelier, VT 05601-0488

DOL FORM 25 (Rev. 9/13)

State File No. \_\_\_\_\_  
 Ins. Co. File No. \_\_\_\_\_  
 Date of Injury \_\_\_\_\_  
 Fed. ID No. \_\_\_\_\_

WAGE STATEMENT – For Injuries on or after July 1, 2008

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

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

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 6 or 7) 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**

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. Leave blank those weeks where the employee had excused absences for which he/she was not paid for more than 1/2 of a work week.
4. Leave blank those weeks where you had reduced operations or a shutdown of the plant for which he/she was not paid for more than 1/2 of a work week.
5. Do not enter those weeks where an employee was on vacation for more than 1/2 of a work week.
6. If room, board, lodging or other "extras" (electricity, fuel, etc.) are provided in addition to monetary wages, break it down into a weekly value, include and describe this income in column marked "EXTRAS." This includes tips if not included in gross wages.
7. Include any bonuses and commissions paid to the employee in addition to wages in the column marked "EXTRAS."
8. Enter the dates when your normal work week ends (not the date a check is given 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 will be mailed to the claimant or deposited in the claimant'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





## Primary Injury Treatment Centers: VT, MA, NH, RI

### 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**

**Occupational Health**  
120 Hospital Drive Bennington VT 05201  
Tel: (802) 447-5317

#### 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 / (802) 855-8489  
Contact: Tom Lapointe (603) 748-6577

##### **Occupational Health at Rutland Regional**

9 Commons St. Rutland VT 05701  
Tel: (802) 747-1753 / Fax: (802) 747- 4601

#### 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 / (802) 865- 0042  
Contact: Anita Nagle

#### ST. ALBANS

##### **Northwestern Medical Center Occupational Health**

133 Fairfield St. St. Albans, VT 05478  
Tel: (802-524-8805/ Fax: (802) 524-1095

#### ST. JOHNSBURY

##### **Northeastern Vermont Regional Hospital Occupation Medicine**

1290 Hospital Drive St. Johnsbury, VT 05819  
Tel: (802) 748-4393

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### MASSACHUSETTS

#### AMESBURY

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

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

#### AMHERST

##### **Cooley Dickinson Occupational Health & Urgent Care**

170 University Drive Amherst, MA 01002  
Tel: (413) 461-3530 / Fax: (413) 461-3532  
Contact: Bernice  
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: Martha Chapman, Practice Manager  
For appointments: (508) 236-7500

## Primary Injury Treatment Centers: VT, MA, NH, RI

### AUBURN

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

4 Brotherton Way, Auburn, MA 01501  
Tel: (508) 460-3228 / Fax: (508) 832-9025  
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: Marika for accounts  
For appointments: (978) 784-9328

### BELLINGHAM

#### **Convenient MD Urgent Care**

245 Hartford Ave. Bellingham, MA 02019  
Tel: (774) 295-4355 / Fax: (774) 295-4880  
Account Contact: Michael Ciglie (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

### BILLERICA

#### **CareWell Urgent Care**

510 Boston Road, Billerica, MA 01821  
Tel: (978) 323-2850 / Fax: (978) 362-8799  
For appointments 978-362-2443

Circle Health Urgent Care [See North Billerica](#)

### BOSTON

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

10 Hawthorne Place, Suite 114, 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 Boston Medical Center

Shapiro Building 4<sup>th</sup> Floor Suite 4B  
725 Albany St. Boston, MA 02118  
Tel: (617) 638-8400 / Fax: 617-414-5479  
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  
For appointments: 508-807-5265

### BROCKTON

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

1340 Belmont St., Brockton, MA 02301  
Tel: (508) 583-1400 / Fax: (774) 776-2814  
Contact: Ann  
For appointments: (508) 583-1400

### 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

#### **CareWell Urgent Care**

601 Concord Ave., Cambridge, MA 02138  
Tel: (857) 706-1107 / Fax: (857) 706-1108

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

725 Concord Ave, Suite 5100, Cambridge, MA 02138  
Tel: (617) 354-0546 / Fax: (617) 868-4497  
Contact: Kelly Reuell NP

### DARTMOUTH

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

Hannoush Plaza Route 6  
435 State Road, Dartmouth, MA 02747  
Tel: (508) 990-2900  
Contact: Kelly Houde, Office Manager

### DEDHAM

#### **ConvenientMD Urgent Care**

983 Boston Providence Turnpike, Dedham MA 02026  
Tel: (781) 819-6400 / Fax: (339)-234-6921  
Account Contact: Michael Ciglie (781) 267-5191

#### **Greater Boston Internal Medicine and Occupational Health**

200 Providence Highway, Suite 202-203  
Dedham, MA 02026  
Tel: (781) 326-1464 / Fax: (781) 326-9075

## Primary Injury Treatment Centers: VT, MA, NH, RI

### DRACUT

#### **Circle Health Dracut**

9 Loon Hill Road, Dracut, MA 01826  
Tel: (978) 459-2273 (F) (978) 970-3978  
Contact: Rose Sanchez, Practice Manager  
**Follow up Occ. Med. appts. In Westford 978-458-6868**

### EAST LONGMEADOW

#### **Occu-Health**

200 North Main St., 2C Suite 5 E. Longmeadow, MA 01028  
Tel: (844) 885-1489/ Fax: (413) 525-9009  
Contact: Chris Parent, Owner  
For appointments: (844) 885-1489

### 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

### FALL RIVER

#### **Southcoast Health Occupational Health Charlton site**

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

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

450 Wm. 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: 774-295-3010  
Account Contact: Michael Ciglie (781) 267-5191

### FITCHBURG

#### **CareWell Urgent Care**

380 John Fitch Highway, Fitchburg, MA 01420  
Tel: 978-696-3547 / Fax: 978-696-3569  
For appointments: 978-696-3547- Hours 8A-8P  
Account Contact: Tabatha O'Neil (781) 426-6234

### FRAMINGHAM

#### **CareWell Urgent Care**

50 Worcester Road (Route 9), Unit 3 Framingham, MA 01702  
Tel: (508) 861-7375 / Fax: (508) 861-3952  
Account Contact: Tabatha O'Neil (781) 426- 6234

#### **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  
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 option 10

### HYANNIS

#### **Cape Cod Orthopedics Occupational Health**

130 North St. Hyannis, MA 02601  
Contact: Joshua Rose  
Tel: 508-771-5770 Fax: 508-771-5774  
For appointments: (508) 771-5770

### LAKEVILLE

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

12 Main Street Lakeville, MA 02347  
Tel: (508) 946-0202/ Fax: (508) 946-0204  
Contact: Kelly (508) 946-0202



## Primary Injury Treatment Centers: VT, MA, NH, RI

### 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

### LEOMINSTER

#### **Urgent Care/Take Charge Occupational Health**

510 North Main St., Leominster, MA 01453  
Tel: (978) 466-8820 # 2 / Fax: (978) 534-3875  
Contact: Theresa Pazdrol  
For appointments: (978) 466-8820  
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

### LONGMEADOW

#### **Occu-Health**

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

### 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

#### **CareWell Urgent Care**

757 Boston Post Road East, Marlborough, MA 01752  
Tel: (508) 630-8989 / Fax: (508) 630-8981  
Account Contact: Tabatha O'Neil (781) 426-6234

#### **MedWorks Occupational Health**

UMass Memorial at Marlborough Hospital1  
157 Union St., Marlborough, MA 01752  
Tel: (508) 486-5711 / Fax: (774) 843-7277  
Contact: Annette Cascio (508) 486-5901  
For appointments: (508) 486-5711

### NEEDHAM

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

300 Chestnut St., Ste 800, Needham, MA 02492  
Tel: (781) 453-8440 / Fax: (781) 444-1821  
For appointments: (781) 453-8440  
**(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 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

### NORTH BILLERICA

#### **Circle Health Urgent care**

**Treble Cove Plaza 199 Boston Rd, No. Billerica 01862**  
Tel: (978) 323-2850  
**Follow up Occ. Med. appts. In Westford 978-458-6868**

### NORTH EASTON

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

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

### NORTHAMPTON

#### **Cooley Dickinson Urgent Care**

**30 Locust St. Northampton MA 01060**  
Tel: (413) 582-4400  
For appointments: (413) 582-4400

### NORTHBOROUGH

#### **CareWell Urgent Care**

333 Southwest Cutoff. Unit 202  
Northborough, MA 01532  
Tel: (508) 466-8677 / Fax: (508) 466-8678

## Primary Injury Treatment Centers: VT, MA, NH, RI

### 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

### PLAINVILLE

#### **ConvenientMD Urgent Care**

86 Taunton St. Plainville MA 02762  
Tel: (508) 928-5211 / Fax: (508) 928-5212  
Account contact: Michael Ciglie (781) 267-5191

#### **Sturdy Hospital Urgent Care**

60 Messenger Street  
Plainville, MA 02762  
Tel: 508-809-6262 / Fax: 508-342-1909

### 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

### PEMBROKE

#### **ConvenientMD Urgent Care**

296 Old Oak St. Pembroke MA 02359  
Tel: (339) 244-3033 / Fax: (339) 244-3005  
Account Contact: Michael Ciglie (781) 267-5191

### PITTSFIELD

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

610 North St., Pittsfield, MA 01201  
Tel: (413) 447-2684 / Fax: (413) 447-2805  
For appointments: (413) 447-2684 option 2

### PLYMOUTH

#### **Beth Israel Deaconess Occupational Health**

45 Resnick Rd., Suite 104B, Plymouth, MA 02360  
Tel: (508) 732-0401 / Fax: (508) 732-0354  
Contact: Ted Harrington for accounts (508) 732-0127  
For appointments: (508) 732-0401

### 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

#### **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

### 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 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

#### **CareWell Urgent Care**

349 Broadway, Somerville, MA 02145  
Tel: (617) 996-6987 / Fax: (617) 996-6989  
Account Contact: Tabatha O'Neil (781) 426-6234

### SOUTHAMPTON

#### **Cooley Dickinson Urgent Care**

12 College Highway  
Southampton, MA 01073  
Tel: (413) 582-4400  
For appointments; 413-582-4400

### 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

## Primary Injury Treatment Centers: VT, MA, NH, RI

### SOUTHBRIDGE

#### **CompreCare Occupational Health**

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

### SPRINGFIELD

#### **Trinity Health Urgent Care Center**

1515 Allen St., Springfield, MA 01118  
Tel: (413) 783-9114 / Fax: (413) 782-0960  
For appointments: (413) 783-9114  
Hours: 7 days/week 9A-7P

#### **Concentra Urgent Care**

140 Carando Drive Springfield, MA 01104  
Tel: 413-746-4006 Fax: 413-746-3230  
Appoinments: 413-746-4006

### STOUGHTON

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

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

### 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: 978-323-5946  
Follow up Occ. Med. appts. In Westford 978-458-6868

### WALTHAM

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

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

### WAREHAM

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

**Wareham Crossing**  
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  
For appointments: (978) 458-6868

### 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 & Occupational Medical Ctr**

66 B Concord St., Wilmington, MA 01887  
Tel: (978) 657-3826 / Fax: (978) 657-5705  
For accounts: :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

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## NEW HAMPSHIRE

### BELMONT

#### **ConvenientMD Urgent Care**

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

## Primary Injury Treatment Centers: VT, MA, NH, RI

### **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  
Appointments: Tel: (603) 542-1825

### **CONCORD**

**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

### **EXETER**

**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

### **Access Sports Medicine Walkin/ Occupational Medicine**

Access Health Building  
1 Hampton Rd, Exeter, NH 03833  
Tel: (603) 775-7000 / Fax: (603) 775- 7177  
Contact Brandi e-mail: [bvalentine@accesssportsmed.com](mailto:bvalentine@accesssportsmed.com)

### **KEENE**

#### **ConvenientMD Urgent Care**

351 Winchester St. Keen NH 03431  
Tel: (603) 352-3406 /Fax: (603) 352-3416  
Account Contact: Michael Ciglie (781) 267-5191 :

### **LEBANON**

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

### **Occupational Health at Alice Peck Day Level 1**

9 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**

#### **Express MED/Bedford Occupational & 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 Occupational & Acute Care**

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

### **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**

#### **Access sports Medicine Walkin/ 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)

#### **Occupational 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) 8908-0964  
Contact: Dianne Annon 603-848-0177

## Primary Injury Treatment Centers: VT, MA, NH, RI

### TILTON

#### **Merrimack Valley Occupational Health**

614 Laconia Road, Route 3 Suite 2, Tilton, NH 03276  
Tel: (603)-717-7020 / Fax: (603) 717- 7011  
Account Contact: Emily Parker  
Appointments Amy Donovan (603)- 717-7020

#### **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

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## RHODE ISLAND

### CRANSTON

#### **Garden City Treatment Center**

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

### EAST GRENWICH

#### **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

### MIDDLETOWN

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

Polo Center 670 Aquidneck Avenue Middletown, RI  
For Appointments: 401-324-6410

### PAWTUCKET

#### **Armistice Urgent Care and Occupational Health**

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

### PROVIDENCE

#### **Concentra Urgent Care**

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

### WARWICK





## 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.