A.I.M. Mutual Insurance Companies since 1989

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





Claim **Kit**

in partnership with you

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

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

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

A.I.M. MUTUAL INSURANCE COMPANIES

54 Third Avenue, Burlington, MA 01803-0970

Workers Compensation Claim Reporting Options - Massachusetts

In the event of a serious accident, call us immediately at 1-866-270-3354
(toll free 24-hour/7 day a week claim reporting)

Choose from several different ways to report your workers compensation claims to us:

By Fax:

For **Medical Only** claims, complete and fax the Medical Only/Med-Fax form into us at **1-781-270-5599.**

OR

If this, or any work-related injury results in the employee's total or partial incapacity to earn wages for five (5) or more calendar days, complete and fax the Form 101 (Employers First Report of Injury) to us at 1-781-270-5599. (Remember to give a copy of the Form 101 to the injured employee.) We will submit the Form 101 to the Department of Industrial Accidents (DIA) when the employee has been totally or partially incapacitated from earning wages for five (5) or more calendar days.

On-Line, over the Internet:

Sign on to www.aimmutual.com**.**

Under Report A Claim, click on Massachusetts. You will be prompted to answer a series of questions similar to the information necessary to complete a Form 101. After answering all of the questions and clicking on SEND, you will receive a message stating your claim has been submitted. It will also state that a Claim Acknowledgement letter containing the claim number and assigned claim representative will be mailed to your company after registration has been completed. Click Print for a copy of the information you sent. We will submit the Form 101 to the Department of Industrial Accidents (DIA) when the employee has been totally or partially incapacitated from earning wages for five (5) or more calendar days. We will also file a Form 101 with the DIA when a Medical Only claim has been changed to a lost time claim. In the event an employee is incapacitated from earning wages for five (5) calendar days or more, you are responsible for giving the employee a copy of the Form 101.

By Phone:

Report claims by calling toll free: 1-866-270-3354.
This line is established for reporting new claims only, and facilitates the initial claim reporting process. Please have your policy number on hand prior to calling. You will receive a completed Form 101 and a confirmation letter, followed by a claim acknowledgment letter including the name of the Claim Representative assigned to your case. We will submit the Form 101 to the Department of Industrial Accidents (DIA) when the employee has been totally or partially incapacitated from earning wages for five (5) or more calendar days. We will also file a Form 101 with the DIA when a Medical Only claim has been changed to a lost time claim. In the event an employee is incapacitated from earning wages for five (5) calendar days or more, you are responsible for giving the employee a copy of the Form 101.

After the initial claim report: *Please direct ongoing claim and service inquiries to your Claim Representative at our toll free telephone number:*

1-800-876-2765

By Mail:

Please refer to the Claim Reporting Procedures in your Claim Kit for instructions.

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

REQUEST FOR MEDICAL SERVICES

Date_____

Medical Care Provider: _____

Address:
_____

City_____ State _____ Zip _____

Kindly care for the injury sustained by:

_____on: _____
(Name of Employee) *(Date)*

Description of accident: _____

_____

_____

Name of Employer: _____

Address:_____

Telephone: _____W.C. Policy Number: _____

Requested by: _____
(Signature)

The employee will present this slip to the medical care provider who will attach it to the original bill for services.

PLEASE SEND BILLS DIRECTLY TO:
A.I.M. Mutual Insurance Companies
P.O. Box 4210
Portland, OR 92708

MEDICAL BENEFITS ARE GOVERNED BY THE PROVISIONS OF THE WORKERS COMPENSATION LAW OF THE COMMONWEALTH OF MASSACHUSETTS.

AIM 20 --rev 101123

Workers Compensation
Claim Reporting Procedures

IT IS IMPORTANT THE INSTRUCTIONS IN THESE PROCEDURES BE FOLLOWED EXACTLY AS OUTLINED. Prompt filing of the correct forms with all the necessary information helps speed necessary claim investigations and the proper payments of benefits when due. **LATE FILINGS, OR LATE PAYMENTS MAY ALSO RESULT IN PENALTIES IMPOSED ON YOUR COMPANY AND/OR A.I.M. MUTUAL INSURANCE COMPANIES AS YOUR INSURER.**

Keep in mind:

- If it's a serious accident, call us immediately: 1-866-270-3354
- **We will file the Massachusetts Form 101 with the Department of Industrial Accidents regardless of the method you use to report a claim to us.**

If you need additional forms, refer to the Forms Library at www.aimmutual.com or request them from A.I.M. Mutual Insurance Companies *(1-800-876-2765, Claim Services Department)*.

Faxing or Mailing Medical Only Claims to Us
Medical Only / Med-Fax Report

If you choose to notify us of a Medical Only claim by fax or mail, you need to complete the A.I.M. Mutual Insurance Companies Medical Only / Med-Fax Report whenever:

- you receive a report of an alleged illness or injury, **AND**
- that illness or injury **IS NOT** expected to result in the employee being disabled for five or more calendar days.

Section A - The injured worker's supervisor or similar person in authority should complete Section A and the Supervisor action section at the bottom of the form.

Section B - The injured worker should review, sign and date Section B.

Section C - If the injured worker requires medical attention, he or she should take the form to the medical provider. The medical provider must complete Section C.

Distribution of Copies – The medical provider and employee should keep copies of the form. The employer should fax a copy to A.I.M. Mutual Insurance Companies at 781-270-5599 and keep a copy for its files.

- **Note: Do not file this form with the Department of Industrial Accidents (DIA).**

If this work-related injury results in the employee being disabled for five (5) or more calendar days, please complete a Form 101 and submit it to us by fax or mail. (Remember to give a copy of the Form 101 to the injured employee.) We will then file the Form 101 with the Department of Industrial Accidents.

Faxing or Mailing Lost Time First Reports to Us
Form 101 - Employer's First Report of Injury or Fatality

The timely filing of Form 101 is very important.

Whenever an alleged work-related injury is reported to you resulting in the employee being disabled for five (5) or more calendar days, a "Form 101 - Employer's First Report of Injury" is to be completed. A copy of the completed Form 101 must be given to the injured employee.

Fax or mail a copy of the Form 101 to A.I.M. Mutual Insurance Companies as soon as possible.

The distribution of Form 101 is as follows:

Original: A.I.M. Mutual Insurance Companies
Claim Department
54 Third Avenue
P.O. Box 4070
Burlington, MA 01803-0970

Copy: Employee

Copy: Employer's File Copy

A.I.M. Mutual Insurance Cos. will file the Form 101 with the: **Department of Industrial Accidents**
Lafayette City Center
2 Avenue de Lafayette
Boston, MA 02111

ON THE DAY AN EMPLOYEE, who has had five (5) or more calendar days of disability, **RETURNS TO WORK, PLEASE CALL A.I.M. Mutual Insurance Companies' Claim Department at 1-800-876-2765 and report the return.**

FORM 127
Average Weekly Wage Computation Schedule

Form 127 or a similar 52-week gross payroll report must be completed and distributed by the employer immediately after filing Form 101. It is to be distributed as follows:

Original: A.I.M. Mutual Insurance Companies
Claim Department
54 Third Avenue
P.O. Box 4070
Burlington, MA 01803-0970

Copy: Employer's File Copy

This form is necessary every time a Form 101 is filed. It is used to calculate benefits for the injured employee.

FORM A.I.M. MUTUAL 20
Request for Medical Services

Whenever there is a work related injury requiring medical attention, a form, "A.I.M. MUTUAL 20-Request for Medical Services," should be completed. It should be signed by the employer, and then given to the employee. **The completed form should then be presented by the employee to the hospital or physician when the employee seeks medical services**. This will facilitate the medical provider's billing to A.I.M. Mutual Insurance Companies.

IMPORTANT

1. THE FILING OF FORM 101 with the Department of Industrial Accidents and/or A.I.M. Mutual Insurance Companies **IS NOT AN AGREEMENT THERE HAS BEEN A WORKPLACE INJURY.**

2. A.I.M. Mutual Insurance Cos. will be filing the Form 101 with the Department of Industrial Accidents. If a claim originally reported as a medical only claim becomes a lost time claim, notify the Claim department at 1-800-876-2765. **(Note: A copy of the Form 101 must be provided to the injured employee.)**

3. FORM 127 OR SIMILAR PAYROLL REPORT SHOULD BE FILED IMMEDIATELY AFTER FORM 101 IS FILED. This report is used to determine the employee's indemnity payment. Failure to make these payments within the time allowed by law may result in penalties.

4. If you have any questions regarding the requirements of the Department of Industrial Accidents, you may call their Information Desk on the toll free hotline at 1-800-323-3249 or phone A.I.M. Mutual Insurance Companies' Claim Department at 1-800-876-2765.

5. For assistance in completing these forms, refer to the instructions provided.

MEDICAL ONLY / MED FAX REPORT

Fax this report to A.I.M. Mutual Ins. Cos. at 781-270-5599
Tel. No. 1-800-876-2765

DO NOT File This Form With The Dept. of Industrial Accidents
MedFax Rev. 5/18

SECTION A — SUPERVISOR

Employee Name (Last, First, MI):		Employee Telephone: ( ) -	Social Security Number: -- --
Employee Address:		Sex: ( ) F ( ) M	Date of Birth: / /
Insurer: ☐ **A.I.M. Mutual** ☐ **MEIC** ☐ **AEIC** ☐ **NH Employers PO Box 4070, Burlington, MA 01803-0970**	Location Code:		Marital Status: ( ) Single ( ) Married
Employer:		Employer Telephone: ( ) -	Policy Number:
Employee Occupation:	Witness to Accident:	Date of incident: / /	Time of incident: ( )AM ( )PM
Date of hire: / /	Date assigned to present position: / /	Date incident reported: / /	To Whom: / Returned to work: ( ) Yes ( ) No
Address where injury occurred (If different from Employer above):		Date of Return to Work: / /	Returned to Regular Job: ( ) Yes ( ) No
Type of injury (Burn, Fracture, Cut, etc.):		Average 52 Week Wage: $ ( ) Estimated ( ) Actual	
Injured Body Part(s) (Arm, Leg, Back, etc.):	Source of injury (Chemicals, Machinery, etc.):	Name of Employer's Claim Coordinator:	
Height: ft. in.	Weight:	Smoker: ( ) Yes ( ) No If yes, # pack(s) per day:	
Describe what happened:			

Supervisor Signature: _____ **Date:**_____/_____/_____

SECTION B

Medical Authorization: In accordance with state law, I, the undersigned, authorize A.I.M. Mutual Insurance Companies, as a workers compensation insurer, and its authorized agents or representatives, as well as my employer to be furnished with any information or facts regarding this injury only, including records, diagnosis, medical treatment and prognosis, estimates of disability and recommendations for further treatment. This information is to be used for the sole purpose of evaluating and handling my claim and to assure timely medical care as a result of the incident occurring on or about the above noted date and for no other purpose, now or in the future. I also agree that a photocopy of this release is as valid as the original.

Employee Signature: _____ **Date:** _____/_____/_____

I do not want medical treatment for this injury – Employee Signature: Date: / /

SECTION C — MEDICAL PROVIDER

TREATMENT AREA USE ONLY **(To be filled out by Medical Care Provider)**

Name of Provider: _____ Date: ____/____/____ Arrival Time: _____ ( )AM ( )PM

Accident Description: _____

Preliminary Diagnosis: _____ New Injury/Illness: ( )Yes( )No

Related to above incident at work: ( )Yes ( )No ( )Undetermined Pre-existing Condition: ( )Yes ( )No

Height: ____ ft. __ in Weight:_____lbs. Smoker: ( ) Yes ( ) No If yes, # pack(s) per day _____

Recommended Work Status: (Check one and provide additional information as appropriate)

Full Duty ( ) Modified Duty ( )

Full Duty to resume on: _____/_____/_____ Unable To Immediately Return To Work ( )

Modified duty to begin: _____/_____/_____ Full Duty to resume on: _____/_____/_____

May lift up to:	5 lbs. ( )	25 lbs. ( )	40 lbs. ( )	75 lbs. ( )	No lifting	( )
May carry up to:	5 lbs. ( )	25 lbs. ( )	40 lbs. ( )	75 lbs. ( )	No carrying	( )
May Push/Pull up to:	5 lbs. ( )	25 lbs. ( )	40 lbs. ( )	75 lbs. ( )	No pushing/pulling	( )

Other Duty Modifications: _____

Physician Comments: _____

Follow-Up Appointment With: _____ Date: ____/____/____ Time: _____ ( ) AM ( ) PM

Physician/Clinician Name:_____ Tel. #: ( ) _____ - _____
(Please print legibly)

Physician/Clinician Signature: _____ **Date:** _____/_____/_____

SUPERVISOR ACTION: ( ) Returned to Work ( ) Modified Duty ( ) Send Home ( ) Send for Treatment
( ) Notice Only ( ) Medical Only ( ) Lost Industry Code: _____ (see Instruction sheet)

Please complete, photocopy and give copies to the Employee and Medical Provider. Employers should retain a copy for their file.

All work–related incidents are to be promptly reported to the immediate department supervisor on duty who will complete this form.

EMERGENCIES

In life–threatening situations, seek medical attention immediately; then proceed with completion of this form.

NON-EMERGENCIES

SUPERVISOR - Complete **SUPERVISOR SECTION** (top portion) upon report of injury. If medical attention is refused or not needed, complete **SUPERVISOR ACTION** section, (bottom of form) and send all copies to Human Resources office.

EMPLOYEE - Sign the **AUTHORIZATION** section. If you do **not** want medical treatment; also sign the next section indicating you do not wish to have medical treatment.

PHYSICIAN - Complete the **MEDICAL TREATMENT SECTION** and sign. Keep a copy.

When outside medical attention is needed, the employee should be escorted to the appropriate treatment site with TWO copies of the Medical Only/Med Fax Report. One copy is for the Employee. The second copy is for the Physician. Employers should keep a copy for their file.

A.I.M. Mutual Insurance Cos.
Immediate Care Facility

_____

_____

_____

AFTER IMMEDIATE CARE RENDERED

EMPLOYEE - Return the completed Report to your supervisor following treatment and keep a copy for yourself.

SUPERVISOR - Based on medical instructions (**MEDICAL TREATMENT** section) employee will return to work on full or modified duty, or be sent home.

- ***Forward the completed Medical Only/Med Fax Report to A.I.M. Mutual Ins. Cos. within 24 hours.***

INDUSTRY CODES

Agriculture, Forestry and Fishing
01 Agriculture Production - Crops
02 Agriculture Production - Livestock
03 Agriculture Services
04 Forestry
05 Fishing, Hunting and Trapping
Mining
10 Metal Mining
12 Coal Mining
13 Oil and Gas Extraction
14 Nonmetallic Minerals, Except Fuels
Construction
15 General Building Contractors
16 Heavy Construction, Ex. Building
17 Special Trade Contractors
Manufacturing
20 Food and Kindred Productions
21 Tobacco Products
22 Textile Mill Products
23 Apparel and Other Textile Products
24 Lumber and Wood Products
25 Furniture and Fixtures
26 Paper and Allied Products
27 Printing and Publishing
28 Chemicals and Allied Products
29 Petroleum and Coal Products
30 Rubber and Misc. Plastics Products
31 Leather and Leather Products
32 Stone, Clay and Glass Products
33 Primary Metal Industries
34 Fabricated Metal Products
35 Industrial Machinery and Equipment
36 Electronic and Other Electric Equipment
37 Transportation Equipment
38 Instruments and Related Products
39 Miscellaneous Manufacturing Industries
Transportation and Public Utilities
40 Railroad Transportation
41 Local and Interurban Passenger Transit
42 Trucking and Warehousing
43 U.S. Postal Service
44 Water Transportation
45 Transportation by Air
46 Pipelines, Except Natural Gas
47 Transportation Services
48 Communications
49 Electric Gas and Sanitary Services
Wholesale Trade
50 Wholesale Trade – Durable Goods
51 Wholesale Trade – Nondurable Goods
Retail Trade
52 Building Materials and Garden Supplies
53 General Merchandising Stores
54 Food Stores
55 Automotive Dealers and Service Stations
56 Apparel and Accessory Stores
57 Furniture and Homefurnishing Stores
58 Eating and Drinking Places
59 Miscellaneous Retail
Finance, Insurance and Real Estate
60 Depository Institutions
61 Nondepository Institutions
62 Security and Commodity Brokers
63 Insurance Carriers
64 Insurance Agents, Brokers and Service
65 Real Estate
67 Holding and Other Investment Offices
Services
70 Hotels and Other Lodging Places
72 Personal Services
73 Business Services
75 Auto Repair Services and Parking
76 Miscellaneous Repair Services
78 Motion Pictures
79 Amusement and Recreation Services
80 Health Services
81 Legal Services
82 Educational Services
83 Social Services
84 Museums, Botanical, Zoological Gardens
86 Membership Organizations
87 Engineering and Management Services
88 Private Households
89 Services, NEC
Public Administration
91 Executive, Legislative and Garden
92 Justice, Public Order and Safety
93 Finance, Taxation and Monetary Policy
94 Administration of Human Resources
95 Environmental Quality and Housing
96 Administration of Economic Programs
97 National Security and International Affairs
Nonclassifiable Establishments
99 Nonclassifiable Establishments

FORM 101

The Commonwealth of Massachusetts
Department of Industrial Accidents – Department 101
Lafayette City Center, 2 Avenue de Lafayette, Boston, Massachusetts 02111
Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470
http://www.mass.gov/dia

DIA USE ONLY

EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY

THIS FORM MUST BE FILED BY THE *EMPLOYER* IN THE EVENT OF AN INJURY THAT RESULTS IN DEATH OR FIVE OR MORE CALENDAR DAYS OF TOTAL OR PARTIAL INCAPACITY FROM EARNING WAGES.

***INSTRUCTIONS AND CODES ON THE REVERSE SIDE* - Please Print Legibly or Type - Unreadable forms will be returned.**

EMPLOYEE

1. Employee's Name (Last, First, MI):	2. Home Telephone Number:	3. Social Security Number*:	4. Sex: ☐ M ☐ F
5. Home Address (No., Street, City, State & Zip Code):	5a. Native Language Code: _____ Other:_____	6. Marital Status: ☐ M ☐ S	7. No. of Dependents:
8. Date of Hire (mm/dd/yyyy):	9. Date of Birth (mm/dd/yyyy):	10. Average Weekly Wage: $ ☐ Estimated ☐ Actual	

EMPLOYER

11. Employer's Name:	12. Federal Tax I.D. Number:
13. Employer's Address (No., Street, City, State & Zip Code):	14. Employer's Telephone Number:
	15. Industry Code (See Reverse Side):
16. Workers' Compensation Insurance Carrier and Tel. No. (NOT LOCAL AGENT/ADMINISTRATOR):	17. W.C. Policy Number:
18. Self-Insured? ☐ Yes ☐ No If Yes, Self-Insurer Number:	19. Business Type : ☐ Service ☐ Wholesale ☐ Mfg. ☐ Retail ☐ Other _____

INJURY INFORMATION

20. DATE OF INJURY (mm/dd/yyyy):	**20a. Insurer's Case/Claim File No.:**
21. Was Employee Injured on Employer's Premises? ☐ Yes ☐ No	22. Location of Injury if not on Employer's Premises:
23. FIRST day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):	**24. FIFTH day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):**
25. If Employee has Died, Date of Death (mm/dd/yyyy):	26. Source of Injury (Chemicals, Machinery, etc.):
27. Briefly Describe How Injury/Exposure Occurred and Body Part(s) involved:	

28. Person to Whom Injury was Reported (list position):	29. Date Reported (mm/dd/yyyy):	30. Date Reported as work related (mm/dd/yyyy):
31. Injury Code(s) / Body Part Code(s) a. to body part a. b. to body part b. c. to body part c.	32. Witness(es) to Injury - Give Full Name(s), if none state as such:	
33. Has Employee Returned to Work? ☐ Yes ☐ No	34. Date Employee Returned to Work(mm/dd/yyyy):	
35. Employee's Regular Occupation:	36. Has Employee Returned to Regular Occupation: ☐ Yes ☐ No	

PREPARER

37. PREPARER'S Name (SEE INSTRUCTIONS ON REVERSE SIDE):	38. PREPARER'S Title:	
39. PREPARER'S Signature (SEE INSTRUCTIONS ON REVERSE SIDE):	40. Date Prepared (mm/dd/yyyy):	40a. PREPARER'S e-mail address:

*Disclosure of Social Security Number is Voluntary. It will aid in the processing of your report.

THIS FORM DOES NOT CONSTITUTE AN EMPLOYEE'S CLAIM FOR BENEFITS UNDER WORKERS' COMPENSATION.

EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY

FILING INSTRUCTIONS

1. WHEN TO FILE: File this form within 7 calendar days, not including Sundays and legal holidays, of receipt of notice of any injury alleged to have arisen out of and in the course of employment, which totally or partially incapacitates an employee for a period of 5 or more calendar days from earning wages. This form is not an admission of liability, but must be filed even though the Employer may believe that the Employee is not injured, or that the Employee is not entitled to benefits under M.G.L. Chapter 152.
2. WHERE TO FILE: This form should be mailed to the Department of Industrial Accidents at the address shown on the front of the form. Copies must also be provided to the Employee and to the Employer's Workers' Compensation insurer.
3. PENALTIES: Failure to report injuries on this form may result in a fine of $100.00 in accordance with M.G.L. Chapter 152, Section 6.
4. EMPLOYER'S NAME & SIGNATURE IN BOXES 37 & 39: This form must be filed by the employer or an authorized agent/representative of the employer.

NATIVE LANGUAGE CODES

1 – English / 2 – Portuguese / 3 – Haitian Creole / 4 – Spanish / 5 – Chinese / 6 – Vietnamese / 7 – Cape Verdean / 9 – Other

INDUSTRY CODES

Agriculture, Forestry and Fishing
01 Agriculture Production - Crops
02 Agriculture Production - Livestock
07 Agricultural Services
08 Forestry
09 Fishing, Hunting and Trapping

Mining
10 Metal Mining
12 Coal Mining
13 Oil and Natural Gas
14 Nonmetallic Minerals, Except Fuels

Construction
15 General Building Contractors
16 Heavy Construction, Ex. Building
17 Special Trade Contractors

Manufacturing
20 Food and Kindred Products
21 Tobacco Products
22 Textile Mill Products
23 Apparel and Other Textile Products
24 Lumber and Wood Products
25 Furniture and Fixtures
26 Paper and Allied Products
27 Printing and Publishing
28 Chemicals and Allied Products
29 Petroleum and Coal Products
30 Rubber and Misc. Plastic Products
31 Leather and Leather Products
32 Stone, Clay and Glass Products
33 Primary Metal Industries
34 Fabricated Metal Products
35 Industrial Machinery and Equipment
36 Electronic and Other Electrical Equipment
37 Transportation Equipment
38 Instruments and Related Products
39 Miscellaneous Manufacturing Industries

Transportation and Public Utilities
40 Railroad Transportation
41 Local and Interurban Passenger Transit
42 Trucking and Warehousing
43 U.S. Postal Service
44 Water Transportation
45 Transportation by Air
46 Pipelines, Except Natural Gas
47 Transportation Services
48 Communications
49 Electric, Gas and Sanitary Services

Wholesale Trade
50 Wholesale Trade - Durable Goods
51 Wholesale Trade - Non-durable Goods

Retail Trade
52 Building Materials and Garden Supplies
53 General Merchandizing
54 Food Stores
55 Automotive Dealers and Service Stations
56 Apparel and Accessory Stores
57 Furniture and Home Furnishing Stores
58 Eating and Drinking Establishments
59 Miscellaneous Retail

Finance, Insurance and Real Estate
60 Depository Institutions
61 Non-depository Institutions
62 Security and Commodity Brokers
63 Insurance Carriers
64 Insurance Agents, Brokers and Service
65 Real Estate
67 Holding and Other Investment Officers

Services
70 Hotels and Other Lodging Places
72 Personal Services
73 Business Services
75 Auto Repair Services and Parking
76 Miscellaneous Repair Services
78 Motion Pictures
79 Amusements and Recreation Services
80 Health Services
81 Legal Services
82 Educational Services
83 Social Services
84 Museums, Botanical, Zoological Gardens
86 Membership Organizations
87 Engineering and Management Services
88 Private Households
89 Services, NEC

Public Administration
91 Executive, Legislative and Garden
92 Justice, Public Order, and Safety
93 Finance, Taxation, and Monetary Benefits
94 Administration of Human Services
95 Environmental Quality and Housing
96 Administration of Economic Program
97 National Security and International Affairs

Non-classifiable Establishments
99 Non-classifiable Establishments

NATURE OF INJURY OR ILLNESS CODES

100 Amputation or Erucloation
110 Asphyxia or Strangulation Etc.
120 Burns (Heat)
130 Burns (Chemical)
140 Concussion
160 Contusion, Crushing, Bruise
170 Cut, Laceration, Puncture
190 Dislocation
200 Electric Shock, Electrocution
210 Fracture
250 Hernia, Rupture
300 Scratches, Abrasions
310 Sprains, Strains
400 Multiple Injuries
900 No Injury
950 Damage to Prosthetic Devices
995 No Other Injury, NEC**
999 Non-classifiable

Infective or Parasitic Disease
150 Infective or Parasitic Disease, UNS*
151 Amebiasis
152 Anthrax
153 Brucellosis
154 Conjunctivitis and Opthalmia
156 Tetanus
157 Tuberculosis
159 Other Infective or Parasitic Diseases

Dermatitis
180 Dermatitis, UNS*
183 Primary Infections of the Skin
184 Other Skin Conditions
185 Dermatitis, Allergenic or Contact
189 Skin Condition, NEC**

Poisoning Systemic
270 Poisoning, Systemic, UNS*
271 Due to Toxic Materials other than Lead
272 Diseases of the Blood and Blood Forming Organs
273 Upper Respiratory Conditions
274 Influenza, Pneumonia, Etc.
276 Other Diseases of the Gastro-Intestinal Tract
278 Effects of Lead
279 Other Toxic Effects of One System Only

Respiratory Systems, Conditions of
570 Respiratory Systems, Conditions of
571 Upper Respiratory
572 Asthma, Influenza, Pneumonia

Pneumoconiosis
280 Pneumoconiosis
281 Aluminosis
282 Anthracosis
283 Asbestosis
284 Byssinosis
285 Siderosis
286 Silicosis
287 Other Pneumoconioses
289 Pneumoconiosis and Tuberculosis

Nervous System, Conditions of
560 Nervous System, Conditions of - NEC**
561 Diseases of the Central Nervous System
562 Diseases of the Nerves and Peripheral Ganglia

Neoplasm Tumor
550 Neoplasm Tumor, UNS*
551 Malignant
552 Benign

Radiation Effects
290 Radiation Effects, UNS*
291 Non-Ionizing Radiation
292 Microwaves
293 Ionizing Radiation - X-Ray
294 Ionizing Radiation - Isotopes
295 Welder's Flash

Other
265 Carpal Tunnel Syndrome
510 Cardiovascular and Other Conditions of the Circulatory System
520 Complications Peculiar to Medical Care
500 Effects of Changes in Atmospheric Pressure
240 Effects of Environmental Heat
220 Effects of Exposure to Low Temperature
530 Eye, other Diseases of the Eye
230 Hearing Loss or Impairment
991 Heart Condition ,Excludes Heart Attack
320 Hemorrhoids
330 Hepatitis, Serum and Infective
275 Hepatitis, Toxic
260 Inflammation of Joints, Etc.
540 Mental Disorders
900 No Illness
999 Non-classifiable
990 Occupational Disease, NEC**
580 Symptoms and Ill-defined Conditions

BODY PART AFFECTED CODES

Head
100 Head, UNS*
110 Brain
120 Ear(s), UNS*
121 Ear(s), External
124 Ear(s), Internal
130 Eye(s), UNS*
140 Face, UNS*
141 Jaw, Chin
144 Mouth and Throat (vocal chords, larynx)
146 Nose
148 Face, Multiple Parts
149 Face, NEC**
150 Scalp
160 Skull
198 Head Multiple
200 Neck & Cervical Vertebrae

UPPER EXTREMITIES
300 Upper Extremities, NEC**
310 Arm(s), UNS*
311 Upper Arm
313 Elbow(s)
315 Forearm(s)
318 Arm(s), Multiple
319 Arm(s), NEC**
320 Wrist(s)
330 Hand(s), Not Wrists or Fingers
340 Finger(s)
398 Upper Extremities, Multiple
400 Trunk, UNS*
410 Abdomen, Internal Organs, Inguinal Hernia
420 Back
430 Chest, Ribs, Breastbone, Internal Organs
440 Hip(s)..,Pelvis, Organs and Buttocks
450 Shoulder(s)
498 Trunk, Multiple

LOWER EXTREMITIES
500 Lower Extremities
510 Leg(s), UNS*
513 Knee(s)
515 Lower Leg(s)
518 Leg(s), Multiple
519 Leg(s), NEC**
520 Ankle(s)
530 Foot or Feet, Not Ankle
540 Toe(s)
598 Lower Extremities, Multiple
700 MULTIPLE PARTS
Applies when more than one major body part as been effected such as an arm and a leg
999 NON-CLASSIFIABLE - Insufficient information to identify part of body effected. Includes damage to prosthetic devises.

***UNS - UNSPECIFIED** ****NEC - NOT ELSEWHERE CLASSIFIED**

FORM 127

The Commonwealth of Massachusetts
Department of Industrial Accidents
Lafayette City Center, 2 Avenue de Lafayette, Boston, Massachusetts 02111
Info. Line 800 323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470
http://www.mass.gov/dia

DIA USE ONLY

AVERAGE WEEKLY WAGE COMPUTATION SCHEDULE

Print or Type

1. Employer's Name and Address:	2. Insurer's Case File #:
	3. DIA Board # (if known):
4. Employee's Name and Address:	5. # of dependent children:
	6. # of other dependents:

7. Date of Injury (mm/dd/yyyy):	8. Date of Disability (mm/dd/yyyy):	9. Date of Employment (mm/dd/yyyy):

10. Has employee been certified by U.S. Veterans Administration for any type of disability? ☐ Yes ☐ No

Indicate only those wages earned by the injured worker during the 52 week period immediately preceding the accident. If the injured employee has worked for less than 52 weeks, report wages from the time worked and, for the remaining weeks on this schedule, substitute wages of a fellow employee in the same class of employment who has worked for one year or more.

11. Week No.	Year: Week Ending Month	Day	Gross Amount Before Taxes	Week No.	Year: Week Ending Month	Day	Gross Amount Before Taxes	Week No.	Year: Week Ending Month	Day	Gross Amount Before Taxes
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				**Total:**			
18				36							

12. Was room furnished to the employee? ☐ Yes ☐ No	13. If tips or other benefits were earned, describe and state value per week:

THIS IS A TRUE COPY OF THE PAYROLL RECORD OF THE ABOVE NAMED EMPLOYEE OR FELLOW EMPLOYEE IN THE SAME CLASS OF EMPLOYEMENT

14. Name of Fellow Employee (if applicable):	15. Employer/Preparer Signature:	16. Date Signed (mm/dd/yyyy):

Make any comments on the reverse side of this form or on a separate sheet.

Massachusetts

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A.I.M Vantage Occupational Health

Primary occupational Health Urgent Care Centers: MA, ME, NH, RI, VT

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

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

Greenfield
AEIOU Occupational Health and Urgent Care
489 Bernardston Rd, Greenfield, MA 01301
Tel: 413-773-1394 / Fax: 413-773-1398
Contact: Lisa Rhoades, Practice Manager
For appointments: 413-773-1394

Hadley
MedExpress Urgent Care
424 Russell St. Hadley, MA 01035
Tel: 413-253-0483 / Fax: 413-253-0576
Area Manager: Nathan Jamroga 413-241-1464

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

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

Lakeville
Southcoast Health Urgent Care
12 Main Street Lakeville, MA 02347
Tel: 508-946-0202 / Fax: 508-946-0204
Contact: Kelly 508-946-0202

Lawrence
Merrimack Medical & Walk-in Center - Suite 304
25 Marston St, Lawrence, MA
Tel: 978-688-3100 / Fax: 978-688-3133

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

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

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

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

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

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

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

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

New Bedford
Southcoast Occ. Health at St Luke's Hospital
101 Page St., New Bedford, MA 02740
Tel: 508-973-5469 / Fax: 508-973-5472
Contact: Joseph Scott, 508-973-9117

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

North Andover
ConvenientMD Urgent Care
419 B Andover Street
Tel: 978-620-5048 / Fax: 978-620-5073

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

North Billerica
Circle Health Urgent Care
199 Boston Rd, N. Billerica 01862
Tel: 978-323-2850 / Fax:
Follow up Occ. Med. appts. In Westford 978-458-6868

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

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

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

Norton
Tristan Medical Occ. Health & Primary Care
184 West Main St., Norton, MA 02766
Tel: 508-824-0243 / Fax: 508-828-1810
Contact: Donna Chase, 508-824-0243 option 5
For appointments: 508-824-0243

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

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

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

Peabody
CareWell Urgent Care
229 Andover St. (Rte.114), Peabody, MA 01960
Tel: 978-826-5950 / Fax: 978-826-5951
For Appointments: 978-826-5950
Account Contact: Tabatha O'Neil 781-426-6234

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

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

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

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

Plymouth
Beth Israel Deaconess Occupational Health
45 Resnick Rd., Suite 104B, Plymouth, MA 02360
Tel: 508-732-0401 / Fax: 508-732-0354
Ted Harrington for accounts 508-732-0127

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

Quincy
ConvenientMD Urgent Care
479 Washington St. Quincy MA 02169
Tel: 857-527-5220 / Fax: 857-529-5422
Account Contact: Michael Ciglie 781-267-5191

Raynham
Health Express Raynham
106 New State Hwy, Raynham, MA
Tel: 781-626-5500 / Fax: 774-501-3846

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Maine

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

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

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

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

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

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

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

New Hampshire

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

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

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

Claremont
Valley Regional Hospital Urgent Care
2543 Elm St. Dunning Bldg. Claremont, NH
Tel: 603-542-1825 / Fax:

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

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

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

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

Conway

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

Dover

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

Exeter

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

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

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

Keene

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

Lebanon

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

Alice Peck Day Memorial Hospital – Occ Health
9 Alice Peck Day Drive, Lebanon, NH 03766
Tel: 603-308-0040 / Fax: 603-442-5171

Littleton

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

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

Manchester

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

Express MED/Bedford Occ. & Acute Care
35 Kosciuszko Street, Manchester, NH 03101
Tel: 603-627-8053 / Fax: 603-627-4241
Contact: Dianne Annon 603-848-0177

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

Nashua

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

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

St. Joseph Business & Health
166 Kinsley St, Suite 203, Nashua, NH 03061
Tel: 603-595-7371 / Fax: 603-595-6943

Newport

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

Portsmouth

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

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

Occ. Health Services of Portsmouth Hospital
25 New Hampshire Avenue, Suite 105
Portsmouth, NH 03801
Tel: 603-430-9675 / Fax: 603-334-6088

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

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

Rhode Island

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

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

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

Pawtucket
Armistice Urgent Care and Occupational Health
209 Armistice Blvd., Pawtucket, RI 02860
Tel: 401-725-4100 / Fax: 401-728-5010

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

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

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

Woonsocket
Landmark Medical Center/Occupational Health
176 Cass Avenue, Woonsocket, RI 02895
Tel: 401-767-1594 / Fax: 401-767-1629

Vermont

Barre
Clear Choice MD Urgent Care
798 US. 302-Barre VT 05641
Tel: 802-744-0138 / Fax: 802-223-4120
Contact: Tom Lapointe 603-748-6577

Concentra Medical Center
654 Granger Road Ste 1
Barre, VT 05641
Tel: 802-223-7499 / Fax: 802-223-4120
Contact: Sharyl LaRiviere

Bennington
Southwestern VT Medical Center Occ. Health
140 Hospital Drive Bennington VT 05201
Tel: 802-447-5317 / Fax: 802-447-5378

Berlin
Central Vermont Medical Center Occ. Health
244 Granger Road Berlin VT 05602
Tel: 802-225-3944 / Fax: 802-225-3959

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

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

Rutland

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

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

South Burlington

Champlain Medical Urgent Care
150 Kennedy Drive South Burlington, VT 05403
Tel: 802-448-9370 / Fax: 802-448-1414

Clear Choice MD Urgent Care
1200 Williston Rd. South Burlington, VT 05403
Tel: 802-448-8205 / Fax: 802-448-8206
Contact: Tom Lapointe 603-748-6577

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

St. Albans

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

St. Johnsbury

Northeastern VT Regional Hosp. Occ. Medicine
1290 Hospital Drive St. Johnsbury, VT 05819
Tel: 802-748-4393 / Fax: 802-748-6728

MyMatrixx Pharmacy Program for Injured Workers

As part of our workers' compensation medical management services, we ask injured workers to use a pharmacy program through MyMatrixx. MyMatrixx 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 a MyMatrixx affiliated pharmacy to fill their injury-related prescriptions.

MyMatrixx 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 MyMatrixx 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. MyMatrixx 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 MyMatrixx For a full listing injured workers can go to www.MyMatrixx.com or call MyMatrixx at 1-800-945-5951. While injured employees may use a non-affiliated pharmacy, we strongly recommend they use a pharmacy within the MyMatrixx network and the mail order service to realize the program benefits.

Please call the MyMatrixx Patient Care Contact 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

MyMatrixx
By EVERNORTH

A.I.M. Mutual
Insurance Companies since 1989

To the Injured Worker:

On your first visit, please give this form to any pharmacy listed on the back side to speed processing of your approved work-related injury prescriptions (based on the guidelines established by your employer).

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

Atencion Trabajador Lesionado:

En su primera visita, entregue este formulario a cualquier farmacia que se encuentre en el reverso del boleto para acelerar el procesamiento de sus recetas aprobadas para lesiones relacionadas con el trabajo (según las reglas establecidas por su empleador).

¿Tiene preguntas o necesita ayuda para localizar una farmacia participante? Llame al centro de contacto para pacientes de MyMatrixx al 800.945.5951.

Employee Information

_____
Full Name

_____
Street Address or PO Box

_____
City State ZIP

_____
Date of Birth

_____
Employer Name

To the Pharmacist:

MyMatrixx administers this occupational accident prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or a cost of $999. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary.

For assistance, please call MyMatrixx at 888.786.9640.

Processing Steps:

1. Enter RxBin 003858
2. Enter PCN WC
3. Enter Rx Group Number AIMWORKS
4. Enter 9-digit member ID (Patient SSN)
5. Enter Date of Injury

Temporary Prescription Card

ID#: _____
Your SSN is your temporary ID.

RxBIN#: 003858

PCN: WC

RxGroup #: AIMWORKS

Date of Injury: _____
MM/DD/YYYY

For Workers' Compensation Only

Visit www.MyMatrixx.com to locate a participating pharmacy near you!

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Participating Pharmacy List

AHF PHARMACY
AHOLD CORPORATION
ALBERTSONS
ALIGNRX LLC
AMERITA INC
AURORA PHARMACY INC
BAKER'S
BIG Y FOODS INC
BI-LO HOLDINGS LLC
BROOKS/MAXI DRUG
BROOKSHIRE BROTHERS LTD
BROOKSHIRE GROCERY CO
CARDINAL HEALTH
CHEN NEIGHBORHOOD MEDICAL CENT
CITY MARKET
COBORN'S INC.
COSTCO WHOLESALE, INC
CVS CORP
DEDICATED US HOLDINGS LLC
DILLIONS
DISCOUNT DRUG MART
ECKERD
EPIC PHARMACY NETWORK
ESSENTIA HEALTH
EXPRESS RX
FAIRVIEW PHARMACY SVCS
FAMILY FARE, LLC
FOOD 4 LESS
FOOD LION PHARMACY
FOODS CO
FRED MEYER
FRY'S
FRUTH PHARMACY
GENOA HEALTHCARE LLC
GERBES
GIANT EAGLE PHARMACY
GUARDIAN PHARMACY LLC
HAC INC
HANNAFORD BROS. CO.
HARPS FOOD STORES INC
HARTIG DRUG
HEALTH MART ATLAS LLC
H-E-B LP
HENRY FORD HEALTH SYSTEM
HOMETOWN PHARMCY INC
HY-VEE FOOD STORES INC
INGLES MARKETS
INSTYMEDS CORP
JAY C FOOD STORE
KINGS SOOPERS
KROGER
KPH HEALTHCARE SERVICES
KS PHARM LLC
K-VA-T FOOD STORES INC
LEWIS DRUGS INC
LONGS DRUG STORE
MARC GLASSMAN INC
MARIANO'S
MEDICAP PHARMACY, INC.
MEDICINE SHOPPE
MEIJER PHARMACY
MERCY PHARMACY SERVICES
METRO MARKET
NCS HEALTHCARE
NEIGHBORCARE PHARMACY
OSBORN DRUGS INC
PATIENT FIRST
PAY-LESS SUPER MARKETS
PHARMEDQUEST PHARMACY
PHARMERICA, INC
PICK'N SAVE
PMR US HOLDINGS
PRESBYTERIAN MEDICAL
PRESCRIBEIT RX
PRICE CHOPPER PHARMACY
PUBLIX SUPER MARKETS, INC
QFC
RALEY'S
RALPHS
RECEPT PHARMACY LP
RITE AID CORPORATION
RULER
SAFEWAY, INC.
SAM'S CLUB
SMITH'S
SUPERVALU PHARMACIES, INC.
TARGET
THRIFTY WHITE STORES
TOPS MARKETS LLC
UNITED SUPERMARKETS INC
WALGREENS
WAL-MART
WEGMANS FOOD MARKETS,
WEIS MARKETS INC

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