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

Workers' Compensation
New Hampshire Claim Reporting Options

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

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

On-Line:

Sign on to www.aimmutual.com and click Report A Claim and then Report A Claim NH.

You will be prompted to answer a series of questions similar to the information necessary to complete an Employer's First Report of Occupational Injury or Disease form (Form 8WC). After answering all of the questions and clicking on SEND, you will receive a message stating your claim has been submitted. It will also state that a Claim Acknowledgement letter containing the claim number and assigned claim representative will be mailed to your company after registration has been completed. Click Print for a copy of the information you sent. We will file Form 8WC (and Form 13WCA if appropriate) with the State of New Hampshire Department of Labor. If the claim is originally reported to us as a Medical Only claim but the injured employee is then disabled for four or more calendar days, please notify us by faxing or mailing Form 13 WCA to us, which we will then file with the Department of Labor.

By Fax:

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

By Phone:

Report claims by calling toll free: 1-866-270-3354.

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

After the initial claim report: *Please direct ongoing claim and service inquiries to your Claim Representative at our toll free telephone number:* 1-800-876-2765

By Mail:

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

State of New Hampshire
Workers' Compensation
Claim Reporting Procedures

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

Keep in mind:

- **If it's a serious accident, call us immediately: 1-866-270-3354**
- **We will file the Form 8WC and Form 13WCA, if applicable, with the State of New Hampshire Department of Labor.**

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

Applicable Forms include:

For any job-related claim:

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

Additional forms for any lost time claim:

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

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

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

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

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

Form No. 8WC

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

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

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

Copies of this form should be distributed as follows:

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

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

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

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

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

II. LOST TIME CLAIMS

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

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

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

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

Copies of this form should be distributed as follows:

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

B. WAGE SCHEDULE (Form No. 76 WCA)

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

Two Copies:	A.I.M. Mutual Ins. Cos. Claim Department 54 Third Avenue P.O. Box 4070 Burlington, MA 01803-0970
Additional Copies:	For Employee and for Employer File

Alternative Work Duties

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

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

LAB 500

New Hampshire

Employer's First Report of Injury

Submission Date:

WEB-8WC –

NHDOL# -

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

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

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

INSURER INFORMATION			
Insurance Carrier	**Insurer Type**	**Policy Number**	**Telephone Number**
☐ NHEIC ☐ A.I.M. Mutual Ins. Co. ☐ AEIC			

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

8WC (12/2014)

Copies to A.I.M. Mutual Insurance Cos., Employer and Employee

LAB 500

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

A.I.M. Mutual Insurance Cos.
1-800-876-2765

NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE 8aWCA

(Please print or type)

To_____Phone #_____
(Name of **Employer**)

_____
(Business Name and Address)

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

_____ SS #_____
(Name of Injured **Employee**)

_____Daytime Phone # _____
(Address of Injured Employee)

_____
(Date of Accident or First Treatment)

_____
(Place Accident Happened)

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

_____

I have been unable to work since my injury. __Yes __No

I have incurred the following medical bills. _____
Name of Doctor Dates of Service Amount

_____
Name of Hospital Dates of Service Amount

_____
Other Dates of Service Amount

_____ _____
(Employer's Signature) **(Employee's Signature)**

_____ _____
(Date) **(Date)**

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

NOTICE TO EMPLOYER

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

8aWCA (7/2014)

****Copies to A.I.M. Mutual Insurance Cos., Employer and Employee**

LAB 500

THE STATE OF NEW HAMPSHIRE

DEPARTMENT OF LABOR

Employer's Supplemental Report of Injury

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

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

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

3. Insured by ☐ NH Employers Ins. Co. ☐ A.I.M. Mutual Insurance Co. ☐ Associated Employers Ins. Co.

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

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

6. Date of injury _____ 20 _____

7. Date Disability began _____ 20 _____ A.M. P.M.

8. _____
(Specific dates of disability)

_____
(Specific dates of disability)

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

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

_____

Dateof Report _____

Signed by _____

Official Title _____

Tel. No.

13 WCA (3/2014)

Copies to A.I.M. Mutual Insurance Cos., Employer and Employee

LAB 500

A.I.M. Mutual Insurance Cos.
1-800-876-2765

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

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

Employee
(Name)
Date of hire Wages per hour_____ Avg. wkly. earnings

Employer_____
(Name)
Address_____ _____
(No.) (Street) (City – State)

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

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

CarrierName
- ☐ New Hampshire Employers Ins. Co.
- ☐ A.I.M. Mutual Insurance Co.
- ☐ AEIC

(Employer's Signature)

Address 54 Third Avenue, P.O. Box 4070, Burlington, MA 01803-0970

(Title)

Dept. Approval Date _____

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

76 WCA (9/2015)

Copies to A.I.M. Mutual Insurance Companies, Employer and Employee

Second Injury Fund

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

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

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

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

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

THE SECOND INJURY FUND

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

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

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

Please describe any preexisting impairments, restrictions, limitations, injuries, illnesses or disabilities with dates: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature: _____ Date: _____

Massachusetts

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

Attleboro
Sturdy Occupational Health
211 Park St. 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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MyMatrixx
By EVERNORTH

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

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

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