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 Companies
since 1989

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
Vermont Claim Reporting Options

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

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

On-Line:

Log on to www.aimmutual.com. Select Report A Claim / Report A Claim VT.

You will be prompted to answer a series of questions similar to the information necessary to complete a Form 1. After answering all of the questions and clicking on SEND, you will receive a message stating your claim has been submitted. It will also state that a Claim Acknowledgement letter containing the claim number and assigned claim representative will be mailed to your company after registration has been completed. Click Print for a copy of the information you sent. We will file Form 1 with the State of Vermont Department of Labor. Even if the claim is for first-aid only injury claims, submit the Form 1 to us. We will file this form with the Vermont Department of Labor.

By Phone:

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

This line is established for reporting new claims only and facilitates the initial claim reporting process. Please have your policy number on hand prior to calling. You will receive a completed Form 1 and a confirmation letter, followed by a claim acknowledgment letter including the name of the Claim Representative assigned to your case. We will file Form 1 with the State of Vermont Department of Labor. Even if the claim is for first-aid only injury claims, submit the Form 1 to us. We will file this form with the Vermont Department of Labor.

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

By Fax:

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

By Mail:

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

State of Vermont
Workers Compensation
Claim Reporting Procedures

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

Keep in mind:

- **If it's a serious accident, call us immediately: 1-866-270-3354**
- **We will file the Employer First Report of Injury (Form 1) with the State of Vermont Department of Labor.**

If you need additional forms, they may be requested from A.I.M. Mutual Insurance Companies at 1-800-876-2765, Claim Services Department or downloaded from the Vermont Department of Labor (DOL) website: www. http://labor.vermont.gov/forms/#comp

Applicable Forms include:

For any job-related claim:

1.	Form No. 1	Employer First Report of Injury

Additional forms for any lost time claim:

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

Reporting First Aid Injuries and/or Loss of Time Claims

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

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

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

Mail or Fax to:

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

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

Employers' Responsibility for Reporting an Injury
Vermont Department of Labor

1. You must report any injury that results in medical care or an absence of work within 72 hours of notice of the injury to A.I.M. Mutual Insurance Companies (A.I.M. Mutual, AEIC). Filing a First Report does not make you liable for the injury.

2. First-aid only injury claims also must be reported using Form 1. Complete and submit Form 1 to A.I.M. Mutual Insurance Companies and we will report the claim to the Vermont Department of Labor on your behalf.

3. A.I.M. Mutual will assign an adjuster to investigate your claim and either accept or deny it within 21 days of your having notice or knowledge of the injury. Send any information that you have regarding the injury or incident directly to your A.I.M. Mutual adjuster to assist him or her in the investigation.

4. You may direct the injured employee to a company doctor for his or her first visit or to an A.I.M. Vantage Occupational Health facility. The employee may change doctors after that by filing a Change of Health Care provider-Form 8.

5. Once you have been notified that the injured worker has a work capacity, keep A.I.M. Mutual aware of any available work that you have for the injured employee. **Be sure to notify A.I.M. Mutual as soon as the injured employee returns to work.**

A.I.M. Mutual Insurance Companies

Internet Claim Reporting VERMONT

Report A Claim For VERMONT

EMPLOYER'S FIRST REPORT OF INJURY

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

1. Employer's Legal Name *
2. Mail Address*
3. City*
4. State*
5. Zip*
6. Location (if different from Mail Address)
7. Phone Number*
8. Employer Contact Person*
9. Nature of Business
10. Do you regularly employ 10 or more employees? ○ Yes ○ No
11. FEIN*
12. Employee's First Name*
13. Employee's Last Name*
14. Social security number*
15. Date of Birth (mm/dd/yyyy)*
16. Home Address*
17. City*
18. State*
19. ZIP*
20. Home Phone Number*
21. Work Phone Number
22. Age
23. Job Title
24. Sex* ○ Male ○ Female ○ Unknown
25. Marital status* ○ Single ○ Married ○ Separated ○ Unknown
26. Wages($/hour)*
27. Hours Per Day
28. Days per Week
29. If board, lodging, etc. were furnished in addition to wages, state estimated value ($)
30. Was employee hired in VT ○ Yes ○ No
31. Employment Status*
32. Date of Hire*
33. Date of Accident* Enter date
34. Accident time Enter time

35. Began shift: Enter time

36. State of Accident*

37. Date reported to employer*

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

39. On employer's premises? ○ Yes ○ No

40. If yes, name of department

41. Describe what the employee was doing*

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

43. How did accident occur?*

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

45. Nature of injury(code)*

46. Cause of injury(code)*

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

48. Any lost time* ○ Yes ○ No

49. If yes, date disability began

50. Last date paid in full:

51. Employee returned to work?* ○ Yes ○ No

52. If so, what date?

53. Medical only incident: ○ Yes ○ No

54. Did injury result in death? ○ Yes ○ No

55. If yes, date of death

56. Name and address of Physician

57. Name and address of Hospital

58. Remained overnight ○ Yes ○ No

59. Insurance Company Named on Workers' Compensation Policy: A.I.M. Mutual

60. Policy Number*

61. Claim Administrator (Company name and Phone number)

60. Policy Number*

61. Claim Administrator (Company name and Phone number)

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

63. Email*

64. Comments

VERMONT

DEPARTMENT OF LABOR – ATTN: WORKERS' COMPENSATION
PO Box 488
Montpelier, VT 05601-0488
(802) 828-2286

Form 1 (Rev. 9/11)
(Approved for use as OSHA 101 and 301)

State File No. _____

EMPLOYER FIRST REPORT OF INJURY

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

EMPLOYER

1. Legal Name:	2. Business Name:
3. Mail Address: No. and Street / City / State / Zip	
4. Location (if different from Mail Address):	5. Telephone Number, Extension and Contact Person.:
6. Nature of Business (list principal products or service of concern):	7. Do you regularly employ 10 or more employees? ☐ Yes ☐ No / 8. Federal ID No.:

EMPLOYEE

9. Name: First Name	Middle Initial	Last Name	10. Social Security No.:	11. Date of Birth:
12. Home Address: No. and Street		13. Home Phone No.:	14. Work Phone No:	15. Age:
City	State	Zip	16. Job Title:	17. Sex: ☐ M ☐ F
18. Wages $ Per	Hours Per Day Days Per Week	19. If board, lodging, etc. were furnished in addition to wages, state estimated value: $	20. Was employee hired in VT? ☐ Yes ☐ No	21. Date of Hire

ACCIDENT

22. Date of Accident:	Accident Time: AM PM	Began Shift: AM PM	23. Location of Accident: Town or City State
24. Machine, tool, object, motor vehicle or substance directly causing injury:			
25. On employer's premises? ☐ Yes ☐ No	If yes, name of department:		
26. Describe what employee was doing:	Was this the employee's regular occupation? ☐ Yes ☐ No		
27. How did accident occur? Describe events leading up to the accident:			

INJURY

28. Describe the injury and the part of the body injured.				**29. Was this a first-aid only injury:** ☐ Yes ☐ No
30. Any Lost Time? ☐ Yes ☐ No	If yes, date disability began	Last date paid in full:	31. Employee returned to work? ☐ Yes ☐ No	If yes, date / Medical Only Incident: Yes ☐ No ☐
32. Did injury result in death? ☐ Yes ☐ No	If yes, date of death.			
33. Name and address of Physician:				
34. Name and address of Hospital:			Remained Overnight ☐ Yes ☐ No	

INS

35. Insurance Company Named on Workers' Compensation Policy	35A. Claim Administrator
Name in full: _____	Company Name _____
Policy No.	Phone Number
Signed by: _____	
Employer or Representative / Title / Date	

Equal Opportunity is the Law

DOL Form 4 Rev 9/11

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

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

REPORT OF FATAL ACCIDENT

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

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

Dated this _____ day of _____ 20 _____ (year)

_____
Employer

By _____
Official Position

VERMONT

State File No.: _____

Ins. Co. File No.: _____

VERMONT WORKERS' COMPENSATION MEDICAL AUTHORIZATION

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

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

TO: _____
(Physician, Hospital or other medical practitioner)

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

at the following address: _____

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

_____
(enter body part(s) or health condition)

that occurred on or about _____ , 20 _____

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

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

(2) Office visit notes, diagnostic reports, medical evaluations relating to the injury diagnosis or treatment.

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

Name: _____
(Print Claimant/Patient Name)

Date of Birth: _____

_____ _____
Signature Date

Title 21: Labor

Chapter 9: EMPLOYER'S LIABILITY AND WORKERS' COMPENSATION

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

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

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

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

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

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

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

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

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

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

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

Form 10 (rev 9/11)

State File # _____
Ins. Co. File # _____
Date of Injury _____

www.labor.vermont.gov

Certificate of Dependency and Concurrent Employment

Employee: _____

Employer: _____

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

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

Name of Dependent	Date of Birth	Relationship

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

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

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

Employee Signature _____ Date Signed _____ Address _____

Telephone Number _____ City/State/Zip _____

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

VERMONT

Department of Labor
Workers' Compensation
PO Box 488
Montpelier, VT 05601-0488
(802) 828-2286; TDD 800-650-4152
www.labor.vermont.gov

DOL FORM 25 (Rev. 5/2025)

State File No. _____
Ins. Co. File No. _____
Date of Injury _____

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

Employee: _____

Employer: _____

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

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

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

INSTRUCTIONS: Read Carefully. See also WC Rules 8.1100 and 8.1200.

1. Enter **GROSS** wages of employee for 26 weeks before date of accident (**NOT take-home pay**).
2. Do not include the week of the accident.
3. If the employee began earning "larger regular wages" during the week of the accident, enter the **weekly** larger regular wages here: $_____. See Cunningham, 05-25WC
4. Leave blank any weeks where the employee worked fewer than half his or her regular hours **and** was paid for fewer than half the regular hours due to unpaid time off.
5. Include any weeks where the employee worked at least half his or her regular hours; also include any weeks where the employee was paid for at least half the regular hours, even if he or she was paid with vacation time or other paid leave.
6. Leave blank those weeks in which you had reduced operations or a plant shutdown and for which the employee was paid for less than ½ of a work week.
7. If room, board, lodging or other "extras" (electricity, fuel, etc.) are provided in addition to monetary wages, break these down into a weekly value, and include and describe the income in the column marked "EXTRAS." This includes tips if not included in gross wages.
8. Include any bonuses and commissions paid to the employee in addition to wages in the column marked "EXTRAS."
9. Enter the dates when your normal work week ends (not the date a check is issued to the employee) and the number of hours or days worked.

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

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

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

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

By: _____ Position Title: _____
Signature of Preparer

Print Name: _____ Date: _____

Mail to:

Insurance Carrier Name: A.I.M. Mutual Insurance Companies
Insurance Carrier Address: 54 Third Avenue, P.O. Box 4070
Insurance Carrier City/State/Zip: Burlington, MA 01803-0970
Insurance Carrier Adjuster: _____

State File No. _____
Ins. Co. File No. _____
Date of Injury _____

NOTICE OF INTENT TO CHANGE HEALTH CARE PROVIDER

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

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

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

FIRST TREATING PROVIDER

Name: _____
Address: _____
City/State/Zip: _____

NEW TREATING PROVIDER

Name: _____
Address: _____
City/State/Zip: _____

I am changing because:

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

_____

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

_____
Print Employee Name

_____ _____
Employee Signature Date

Massachusetts

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

Attleboro
Sturdy Occupational Health
211 Park St. 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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