



MEDICAL CARE PLAN

INITIAL APPLICATION

All members insured through the Workers' Compensation Trust (Trust) must participate in a Medical Care Plan sponsored by the Trust and approved by the Workers' Compensation Commission.

What is a Medical Care Plan?

A Medical Care Plan is a network of providers available to treat employees with work-related injuries or occupational illnesses. The Trust has contracted with over 700 medical providers statewide who are experienced in treating workers' compensation injuries and illnesses. The network, originally established in 1995, offers high quality and prompt medical treatment to those injured workers in need of medical care. Moreover, providers in the Trust medical care plan understand the importance and value of getting injured workers back to work as soon as possible.

The Plan consists of the following specialties:

Chiropractors	Surgeons, General
Neurologists	Surgeons, Hand
Neurosurgeons	First Treatment Centers
Orthopedists	Hospitals
Physical Medicine & Rehabilitation	Physical Therapists

What impact does this have on the Trust member?

Trust members have the responsibility to educate your employees that they must seek treatment from a provider within the Medical Care Plan or risk losing entitlement to workers' compensation benefits.

In addition, you need to choose a First Treatment Center from the Medical Care Plan for your employees to receive initial care. A list of participating First Treatment Centers is enclosed.

How does a new member enroll in the Trust's Medical Care Plan?

Please complete the attached application forms and return to:

Workers' Compensation Trust
Attention: Nathan L. Shippee,
Executive Director, Marketing
Or
Pat Cramer, Account Executive
P.O. Box 5042
Wallingford, Connecticut 06492

If you have any specific questions concerning the Trust's Medical Care Plan, please contact: Brian S. Downs, Director, Provider Relations, at (203) 678-0103.



MEDICAL CARE PLAN APPLICATION

Name of Employer: _____

Address: _____

If there are other locations, please complete section on page 2

Employer Representative: _____

Nature of Business: _____

Phone Number: _____ Total Number of Employees: _____

Are any employees covered by Collective Bargaining? Yes No If yes, how many? _____

I verify that the Medical Care Plan developed by the Workers' Compensation Trust for our organization is consistent with any and all collective bargaining agreements that cover our unionized employees.

Signature

Name (please print)

Title

Date

Employer acknowledges a Modified Duty Program is available on a case-by-case basis.

Employer has formal Modified Duty Program which is provided to all injured workers.

We agree to participate and adhere to the Workers' Compensation Trust's Medical Care Plan.

Signature

Name (please print)

Title

Date



VERIFICATION OF COMPLIANCE WITH SAFETY & HEALTH COMMITTEE REGULATIONS

According to State of Connecticut Workers' Compensation Regulation 31-40v, all employers must have a Safety & Health Committee for each and every location that has 25 or more employees. Your organization may need to have more than one Committee.

Please check the applicable box:

- Our organization *has less than 25 employees*. If you check this box, you do not need to complete this verification, just sign below.
- Our organization *has 25 or more employees all at one location*.
- Our organization *has 25 or more employees at multiple locations*.

I verify that _____ has a Safety
Committee(s)

Employer Name (please print)

which is/are in compliance with Section 31-40v1 to 31-V0v-11 of the Connecticut Administrative Regulations.

Meetings are held _____ times per year and last an average of _____ hours.

The date of the last Committee Meeting(s) was: _____.

Please attach a copy of the minutes of the more recent meeting held.

I further verify the following:

1. Minutes of the meeting are maintained for three (3) years and list the attendees.
2. A notice of the members who participate in the Safety Committee are posted.
3. Members are paid for time spent on Committee activities.
4. Safety Committee meetings include accident investigations safety inspections, safety training programs, hazard identification and/or workplace exposure programs, follow-up procedures for open safety items, a written agenda, and a record of all suggestions and recommendations.
5. Responsibilities are assigned to correct safety issues.
6. All Safety Committee members have been trained in their rights and responsibilities as committee members. Indicate how (verbal and/or written).

Employer Name (please print)

Date

Signature

Name (please print)



SAFETY & HEALTH COMMITTEE MEMBERSHIP

Safety & Health Committees must be composed of at least as many employee members as management members. Please provide the following information for members of your Safety & Health Committee. If you attach a roster, please identify the employee and the management member.

Please Note: The Chairperson must be included in the count of either Employee or Management.

EMPLOYEE MEMBERS			
NAME	TITLE	DEPARTMENT	WORK SITE
TOTAL:			

MANAGEMENT MEMBERS			
NAME	TITLE	DEPARTMENT	WORK SITE
TOTAL:			

SAFETY COMMITTEE CHAIRPERSON	
Name:	Date Elected:

Employer Name (please print)

Date

Signature

Name (please print)

Medical Care Plan

1ST Treatment Centers

CITY	1ST TREATMENT CENTER	ADDRESS	PHONE
AVON	HARTFORD MEDICAL GROUP	100 SIMSBURY RD.	284-5111
BRANFORD	ST. RAPHAEL S OCCUPATIONAL HEALTH	84 NORTH MANI STREET	789-5195
BRIDGEPORT	INDUSTRIAL MEDICAL CENTER ST. VINCENT S IMMEDIATE HEALTH	226 MILL HILL AVENUE 4490 MAIN STREET	384-3613 371-4445
BRISTOL	MED HELP MEDICAL CENTER MEDWORKS	539 FARMINGTON AVENUE 975 FARMINGTON AVENUE	584-8900 589-0114
COLCHESTER	CONNCare INC.	163 BROADWAY	537-4601
DANBURY	CORPORATE HEALTH CARE	41 GERMANTOWN ROAD	207-3300
EAST HARTFORD	CONCENTRA MEDICAL CENTER HARTFORD MEDICAL GROUP	701 MAIN STREET 265 ELLINGTON ROAD	289-5561 569-8800
EAST LYME	CHARTER OAK MEDICAL CENTER	324 FLANDERS ROAD	739-6953
ENFIELD	JOHNSON OCCUPATIONAL MEDICINE CENTER	3 WEYMOUTH ROAD	763-7668
ESSEX	MIDDLESEX HOSPITAL SHORELINE MEDICAL CTR	192 WESTBROOK ROAD	358-3840
FAIRFIELD	ST. VINCENT S IMMEDIATE HEALTH	1055 POST ROAD	259-3440
GALES FERRY	CONNCare INC.	1666 ROUTE 12 P.O. BOX 646	464-3100
GREENWICH	GREENWICH HOSPITAL OCCUPATIONAL HEALTH SRV	75 HOLLY HILL LANE	863-3494
GROTON	L&M OCCUPATIONAL HLT CTR AT PEQUOT HLT CTR	52 HAZELNUT HILL ROAD	446-8265
HAMDEN	GENERAL PRACTITIONERS ST. RAPHAEL S OCCUPATIONAL HEALTH	1100 DIXWELL AVENUE 2080 WHITNEY AVENUE	787-7191 789-6240
HARTFORD	ST. FRANCIS CTR FOR OCCUPATIONAL HEALTH	114 WOODLAND STREET	714-4270
MANCHESTER	CORPCARE OCCUPATIONAL HEALTH CENTER HARTFORD MEDICAL GROUP	1075 TOLLAND TURNPIKE 256 NORTH MAIN STREET	647-4796 646-8595
MIDDLETOWN	MIDDLESEX HOSPITAL OCCUP MEDICAL DEPT	534 SAYBROOK ROAD	358-2750
MONROE	ST. VINCENT S IMMEDIATE HEALTH	401 MONROE TURNPIKE	268-2501
MYSTIC	SEAPORT MEDICAL CENTER	56 WHITEHALL AVENUE	572-8282
NAUGATUCK	ST. MARY S MEDICAL WALK-IN	799 NEW HAVEN ROAD	723-5636
NEW BRITAIN	CONCENTRA MEDICAL CENTER	976 WEST MAIN STREET	827-0745.
NEW HAVEN	CONCENTRA MEDICAL CENTER ST. RAPHAEL S OCCUPATIONAL HEALTH	370 JAMES STREET 175 SHERMAN AVENUE	503-0482 789-3721

Medical Care Plan

1ST Treatment Centers

CITY	1ST TREATMENT CENTER	ADDRESS	PHONE
NEW MILFORD	NEW MILFORD HOSPITAL	21 ELM STREET	355-2611
NEWINGTON	MEDWORKS LLC	375 EAST CEDAR STREET	667-4418
NORTH	NORTH STONINGTON MEDICAL WALK-IN	82 NORWICH WESTERLY TURNPIKE	599-2469
NORWALK	OCCUPATIONAL HEALTH OF NORWALK HOSPITAL OCCUPATIONAL HEALTH @ PMCC	520 WEST AVENUE 345 MAIN AVENUE	852-2613 849-7777
NORWICH	CONCENTRA MEDICAL CENTER CONNCare INC. WEST SIDE MEDICAL CENTER LLC	ONE CONNECTICUT AVENUE 112 LAFAYETTE STREET 606 WEST MAIN STREET	859-5100 823-6509 889-1400
PLAINFIELD	PLAINFIELD WALK-IN MEDICAL CENTER	558 NORWICH ROAD	564-4054
PLAINVILLE	ALLIANCE OCCUPATIONAL HEALTH	440 NEW BRITAIN AVENUE	747-9441
PUTNAM	DAY KIMBALL HOSPITAL	320 POMFRET STREET	928-6541
SHELTON	GRIFFIN HOSPITAL OCCUPATIONAL MEDICINE CENTER HUNTINGTON MEDICAL PRACTICE ST. VINCENT S IMMEDIATE HEALTH	100 COMMERCE DRIVE 887 BRIDGEPORT AVENUE 2 TRAP FALLS ROAD, STE 105	944-3718 225-6020 929-1109
STAMFORD	CONCENTRA MEDICAL CENTER	15 COMMERCE ROAD	324-9100
STRATFORD	CONCENTRA MEDICAL CENTER	555 LORDSHIP BOULEVARD	380-5945
TOLLAND	MED EAST MEDICAL WALK IN CENTER	200 MERROW ROAD	871-5452
TORRINGTON	CONCENTRA MEDICAL CENTER ST. FRANCIS OCCUPATIONAL HEALTH	333 KENNEDY DRIVE 1598 EAST MAIN STREET	482-4552 482-3467
UNCASVILLE	CONNCare INC.	88 NORWICH NEW LONDON TPK	848-4281
WALLINGFORD	CONCENTRA MEDICAL CENTER	900 NORTHRUP ROAD	949-1534
WATERBURY	CONCENTRA MEDICAL CENTER ST. MARY S OCCUPATIONAL HEALTH CENTER	8 SOUTH COMMONS ROAD 1320 WEST MAIN STREET	759-1229 709-3740
WEST HARTFORD	HARTFORD MEDICAL GROUP (BISHOP S CORNER) HARTFORD MEDICAL GROUP (SOUTH MAIN)	336 NORTH MAIN STREET 445 SOUTH MAIN SREET	232-4891 561-7111
WETHERSFIELD	HARTFORD MEDICAL GROUP	1260 SILAS DEANE HIGHWAY	571-7253
WILLIMANTIC	MED EAST MEDICAL WALK IN CENTER	1703 WEST MAIN STREET	456-1252
WINDSOR	CONCENTRA MEDICAL CENTER HARTFORD MEDICAL GROUP ST. FRANCIS CTR FOR OCCUPATIONAL HEALTH	1080 DAY HILL ROAD 1060 DAY HILL ROAD 100 DEERFIELD ROAD	298-8442 688-8383 714-9444
YALESVILLE	MIDSTATE MEDICAL GROUP WALK-IN CENTER	60 CHURCH STREET	284-9099