

# MEDICAL CARE PLAN

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	Orthopedists
First Treatment Centers	Pain Management
Physical Medicine & Rehabilitation	Physical Therapists
Neurologists	Surgeons, Hand
Neurosurgeons	

## **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, Vice President, Sales & Marketing**  
**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, Vice President, Quality & Provider Relations, at (203) 678-0103.

WCT/MCP  
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# 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

***Please complete and return to:  
Managed Care Services***

**OTHER LOCATIONS  
AND  
FIRST TREATMENT CENTER SELECTIONS**

Name of Location	Address	# of Employees	First Treatment Center	Town of First Treatment Center

# 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
<b>TOTAL:</b>			

MANAGEMENT MEMBERS			
NAME	TITLE	DEPARTMENT	WORK SITE
<b>TOTAL:</b>			

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
<b>BRANFORD</b>	STONY CREEK URGENT CARE CENTER	6 BUSINESS PARK DRIVE STE 302	(203) 483-4580
<b>BRIDGEPORT</b>	OCCUPATIONAL MEDICINE & WELLNESS SERVICES OF YNHH	226 MILL HILL AVENUE	(203) 384-3613
<b>BRISTOL</b>	MED HELP MEDICAL CENTER MEDWORKS	539 FARMINGTON AVENUE 975 FARMINGTON AVENUE	(860) 584-8900 (860) 589-0114
<b>BROOKFIELD</b>	PHYSICIAN ONE URGENT CARE	31 OLD ROUTE 7	(203) 885-0808
<b>CHESHIRE</b>	ST. MARYS OCCUPATIONAL HEALTH CENTER	1145 HIGHLAND AVENUE	(203) 709-4825
<b>DANBURY</b>	AFC URGENT CARE AFC URGENT CARE OCCPROMPT	100 MILL PLAIN ROAD 2 MAIN STREET 33 HOSPITAL AVENUE	(203) 826-2600 (203) 826-2140 (203) 648-9067
<b>DERBY</b>	PHYSICIAN ONE URGENT CARE	78 PERSHING DRIVE	(203) 516-5307
<b>EAST HARTFORD</b>	CONCENTRA MEDICAL CENTER	701 MAIN STREET	(860) 289-5561
<b>EAST LYME</b>	CHARTER OAK MEDICAL CENTER	324 FLANDERS ROAD	(860) 739-6953
<b>ENFIELD</b>	JOHNSON OCCUPATIONAL MEDICINE CENTER PHYSICIAN ONE URGENT CARE	155 HAZARD AVENUE 55 HAZARD AVENUE	(860) 763-7668 (860) 745-9911
<b>ESSEX</b>	MIDDLESEX HEALTH OCC. & ENVIRONMENTAL MEDICINE	252 WESTBROOK ROAD (RTE 153)	(860) 359-3840
<b>FAIRFIELD</b>	ST. VINCENTS IMMEDIATE HEALTH	1055 POST ROAD	(203) 259-3440
<b>GLASTONBURY</b>	PHYSICIAN ONE URGENT CARE	2928 MAIN STREET	(860) 657-8289
<b>GROTON</b>	OCCUPATIONAL MEDICINE & WELLNESS SERVICES OF YNHH PHYSICIAN ONE URGENT CARE	52 HAZELNUT HILL ROAD 220 ROUTE 2	(860) 446-8265 (860) 446-6137
<b>HAMDEN</b>	OCCUPATIONAL MEDICINE & WELLNESS SERVICES OF YNHH PHYSICIAN ONE URGENT CARE	2080 WHITNEY AVENUE 2165 DIXWELL AVENUE	(203) 789-6240 (203) 248-2727
<b>HARTFORD</b>	ST. FRANCIS CTR FOR OCCUPATIONAL HEALTH	114 WOODLAND STREET	(860) 714-4270
<b>LEDYARD</b>	LEDYARD BACKUS FAMILY HEALTH CENTER	2 LORENZ PARKWAY	(860) 464-3104
<b>MIDDLETOWN</b>	MIDDLESEX HEALTH OCC. & ENVIRONMENTAL MEDICINE	534 SAYBROOK ROAD	(860) 358-2750
<b>MONROE</b>	ST. VINCENTS IMMEDIATE HEALTH	401 MONROE TURNPIKE	(203) 268-2501
<b>NAUGATUCK</b>	ST. MARYS MEDICAL WALK-IN	799 NEW HAVEN ROAD	(203) 723-5636
<b>NEW BRITAIN</b>	CONCENTRA MEDICAL CENTER	976 WEST MAIN STREET	(860) 827-0745.
<b>NEW HAVEN</b>	CONCENTRA MEDICAL CENTER OCCUPATIONAL MEDICINE & WELLNESS SERVICES OF YNHH	370 JAMES STREET 175 SHERMAN AVENUE	(203) 503-0482 (203) 789-3392
<b>NEW MILFORD</b>	NEW MILFORD HOSPITAL	21 ELM STREET	(860) 355-2611

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# Medical Care Plan 1ST Treatment Centers

CITY	1ST TREATMENT CENTER	ADDRESS	PHONE
<b>NEWINGTON</b>	MEDWORKS LLC	375 EAST CEDAR STREET	(860) 667-4418
<b>NEWTOWN</b>	PHYSICIAN ONE URGENT CARE	266 SOUTH MAIN STREET	(203) 270-9000
<b>NORWALK</b>	AFC URGENT CARE	607 MAIN AVENUE	(203) 845-9100
	OCCUPATIONAL HEALTH @ PMCC	346 MAIN AVENUE	(203) 846-8440
	PHYSICIAN ONE URGENT CARE	346 MAIN AVENUE	(203) 846-0005
<b>NORWICH</b>	CONCENTRA MEDICAL CENTER	315 WEST MAIN STREET	(860) 859-5100
	PHYSICIAN ONE URGENT CARE	607 WEST MAIN STREET	(860) 892-9000
	WEST SIDE MEDICAL CENTER LLC	606 WEST MAIN STREET	(860) 889-1400
<b>ORANGE</b>	STONY CREEK URGENT CARE CENTER	236 BOSTON POST ROAD	(203) 815-1054
<b>PLAINVILLE</b>	THE HOSPITAL OF CENTRAL CT OCCUPATIONAL HEALTH	440 NEW BRITAIN AVENUE	(860) 747-9441
<b>PUTNAM</b>	DAY KIMBALL HOSPITAL	320 POMFRET STREET	(860) 928-6541
<b>RIDGEFIELD</b>	PHYSICIAN ONE URGENT CARE	10 SOUTH STREET, SUITE 101	(203) 431-4600
<b>SHELTON</b>	GRIFFIN HOSPITAL OCCUPATIONAL MEDICINE CENTER	10 PROGRESS DRIVE	(203) 944-3718
<b>SOUTH WINDSOR</b>	CORPCARE OCCUPATIONAL HEALTH CENTER	2800 TAMARACK AVENUE, SUITE 001	(860) 647-4796
<b>SOUTHBURY</b>	PHYSICIAN ONE URGENT CARE	900 MAIN STREET, BDLG 2, STE 100	(203) 262-1911
<b>STAMFORD</b>	CONCENTRA MEDICAL CENTER	15 COMMERCE ROAD	(203) 324-9100
	OCCUPATIONAL MEDICINE & WELLNESS SERVICES OF YNH	260 LONG RIDGE ROAD, SUITE 2140	(203) 863-3483
<b>STRATFORD</b>	CONCENTRA MEDICAL CENTER	60 WATSON BOULEVARD	(203) 380-5945
	ST. VINCENT S IMMEDIATE HEALTH	3272 MAIN STREET	(203) 380-3920
<b>TOLLAND</b>	MED EAST MEDICAL WALK IN CENTER	200 MERROW ROAD	(860) 871-5452
<b>TORRINGTON</b>	CONCENTRA MEDICAL CENTER	333 KENNEDY DRIVE	(860) 482-4552
	ST. FRANCIS CTR FOR OCCUPATIONAL HEALTH	1598 EAST MAIN STREET	(860) 482-3467
<b>UNCASVILLE</b>	MONTVILLE BACKUS HEALTH CENTER	80 NORWICH-NEW LONDON TURNPIKE	(860) 848-1297
<b>WALLINGFORD</b>	CONCENTRA MEDICAL CENTER	900 NORTHRUP ROAD	(203) 949-1534
<b>WATERBURY</b>	CONCENTRA MEDICAL CENTER	8 SOUTH COMMONS ROAD	(203) 759-1229
	PHYSICIAN ONE URGENT CARE	920 WOLCOTT STREET, SUITE 19	(203) 574-1200
	ST. MARYS OCCUPATIONAL HEALTH CENTER	1312 WEST MAIN STREET	(203) 709-3740
<b>WEST HARTFORD</b>	PHYSICIAN ONE URGENT CARE	21 NORTH MAIN STREET	(860) 236-3911
<b>WILLIMANTIC</b>	MED EAST MEDICAL WALK IN CENTER	1703 WEST MAIN STREET	(860) 456-1252
<b>WINDSOR</b>	CONCENTRA MEDICAL CENTER	1080 DAY HILL ROAD	(860) 298-8442
	ST. FRANCIS CTR FOR OCCUPATIONAL HEALTH	100 DEERFIELD ROAD	(860) 714-9444

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