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Dear Employee:

Welcome to AIG/Windham's Work Injury Network, Managed Care Program for Workers' Compensation. If you are ever injured on the job, Windham's Work Injury Network will ensure that you receive quality medical care and a safe and timely return to work.

Enclosed are instructions about what steps you should take if you are injured on the job. Please review this information carefully and if you have any questions, you may ask your employer or call our toll free number and ask to speak with a Managed Care Representative.

If you sustain a work-related injury, your employer will make available to you the Network of Providers and will issue you an identification card. This card identifies you as a member of Windham's Work Injury Network. Please present this card to the provider you have selected from the network for your treatment. It will identify AIG as your Workers’ Compensation insurance carrier for the provider, for billing purposes. The Network of Providers can be found on [www.windhamgroup.com](http://www.windhamgroup.com).

If your injury requires, a WIN Nurse Case Manager will be in contact with you within 24 hours of notification of the injury by the insurance carrier. The WIN Nurse Case Manager will follow your treatment closely and assist you with a safe return to work.

### *If you have any questions regarding this program, contact your employer or Windham’s Work Injury Network at 1-800-898-0386 x1211.*

Sincerely,

Sebastian Grasso

President

Enclosure



Welcome to AIG/Windham's Work Injury Network!

Please review the enclosed information carefully and if you have any questions, please contact your employer or Windham's Work Injury Network at 1-800-898-0386 x1211.

IF YOU ARE INJURED

1. Notify your supervisor immediately.
2. Your supervisor will take the appropriate action to notify the Workers’ Compensation Insurance Carrier of your injury, and then, if appropriate, the carrier will notify Windham’s Work Injury Network.
3. You or your supervisor will identify a Provider within our Network and upon your visit to that Provider, your identification card must be presented. You can find a complete list of our Participating Network of MCO Providers at www.windhamgroup.com.
4. You will be given a copy of the NH Workers' Compensation Medical Form to bring back to your employer.
5. Any referrals for additional treatment will be made by the provider to one of the specialists in our network, unless you decide to choose a physician of your own.
6. A Case Manager from Work Injury Network will be in contact with you as soon as we are notified of the injury from your Workers’ Compensation Insurance Carrier.

# *EMERGENCY TREATMENT PROCEDURE*

In an emergency, notify your supervisor and seek immediate medical attention at the nearest emergency care unit. You do not need to seek emergency treatment from a physician within our network.

# *TREATING OUTSIDE OF THE NETWORK*

According to the law, you may treat outside of the Network under any of the following circumstances: OTHERWISE YOU MAY BE RESPONSIBLE FOR PAYMENT OF THE MEDICAL TREATMENT, NOT YOUR EMPOYER OR WORKERS’ COMPENSATION INSURANCE CARRIER:

1. If the necessary services or aids are not available to the employee within the Network, or if emergency circumstances prohibit use of the Network;
2. If transferring outside the Network is recommended the reasonableness of future treatment shall be determined by reviewing the physician’s recommendations and the Network’s availability to assist the employee in obtaining the needed services and aids within the Network;
3. If emergency circumstances in which treatment or aids required to protect the health of an injured employee are required to be applied or administered immediately and without opportunity to notify the person or persons designated for such notification by the program or to follow the directive of such person or persons if such notification occurred;
4. If an injured employee has been treated by a provider who is not a member of the Network to treat a recurrence of aggravation of an injury treated by such provider within the prior 6 months, as long as such provider complies with all the terms, conditions, protocols, referral procedures, and levels of unique circumstances based upon an individual case are sent in writing to the commissioner showing that the requested services or aids were not available within the Network; or
5. If a written request is received, the commission shall investigate the circumstances and the Network’s resources to determine if it is necessary to seek out of Network services and will advise the parties of the decision.

## ACCESS TO A SECOND OPINION

1. You will have access to a second opinion should you choose to have one.
2. The second opinion should be provided by a Network Provider (consult your Supervisor or Case Manager for additional providers within our statewide network.) If the Commissioner of Labor finds that a qualified provider is not available within the network, the Commissioner may approve access to a second opinion outside of the network.
3. If the injured worker is unhappy with the findings of the second opinion, the Case Manager will attempt to resolve any problems of confusion stemming from unclear language, miscommunication, etc., to the injured worker's satisfaction. This will be done with the assistance of the Physician Consultant.

# *DISSATISFACTION WITH TREATMENT*

If you are dissatisfied with your treatment, you are allowed to make one change at each level of treatment to another provider within the Network.

# *INDEPENDENT MEDICAL EXAM*

If you are dissatisfied with a determination made by the Network Provider relating to compensability, degree of disability or degree of impairment arising from an injury, you may send written notification to the Commissioner of Labor for authorization to obtain an independent medical exam (IME) and report there of by a health care provider of your choice. The provider shall be paid in accordance with the managed care program and shall be paid by the employer or employer’s insurance carrier. Nothing is to prevent you from obtaining an IME of your choice at your expense. Mail your notification to: The Commissioner of Labor c/o The New Hampshire Department of Labor

95 Pleasant Street, State Office Park South

Concord, NH 03301

# *SPECIAL CIRCUMSTANCES*

Please note that if you live outside of the geographical area covered by the Network or cannot find a suitable provider from the Network list presented, you have the ability to request treatment with another provider from outside our state wide listing. Please call your supervisor or consult with your WIN Nurse Case Manager for authorization.

I have read the orientation packet and understand that if I am injured at work I am a participant of Windham's Work Injury Network, managed care program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

