MEDICAL ONLY NOTICE OF INJURY

Please complete this form if employee has sought medical treatment but has less than 5 days lost time.
(If the employee is out of work for 5 or more days please complete the Lost Time Notice of Injury form).

(* Represents fields necessary for the MEGA Medical Only Claim Representative to set up a claim)

***Employer:** ____________________ MEGA Location #: X340______________

***Employee's Name**____________________ ***DOB:** ____________________

***Address** ____

City**____________________State**____________***Zip Code**____________

Home Phone #:______________ ***Social Security #:**____________________

Department: ______________ Job Title: ______________ DOH: ____________

Rate of Pay: ______________ ***Date of Incident** ___/___/____ Time ____ ________

Location ____________________ ***Body Part:** ____________________

Type of Injury (strain, laceration, etc.) ____

Describe what happened ____

____

Name of Witness (es) ____

To who was accident/incident reported to? ______________Date Reported____________

***Was medical attention sought? Yes ___ No ____ If yes, *Where?** ____________________

***Date employee RTW**______________

Information Release

I hereby authorize Massachusetts Education and Government Association Property & Casualty Group, Inc. (MEGA), or any of its representatives to be furnished any information and facts regarding medical services rendered to me by any medical provider, including reports/records, results of diagnosis, treatment and prognosis, estimates of disability and recommendations for further treatment. This information is to be used for the purpose of evaluating and handling my claim for injury as a result of an incident occurring on or about the above indicated date of injury and for no other purpose, now or in the future.

Employee Signature: ____________________ Date: ______________

Supervisor Comments ____

Supervisor Signature: ____________________ Date: ______________

Please Fax: 781-246-3425

If you have any questions please contact Josh Lawrason @ jlawrason@ccmsi.com

MEGA c/o CCMSI, 55 Walkers Brook Drive, Suite 402, Reading, MA 01867 Phone: 781-683-1000