



Travelers Managed Care Plan Providers for: CT 06026

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Providers listed in distance order.

Concentra Medical Center
Travelers Managed Care Plan
Occupational Medicine Clinic
Urgent Care Clinic
Walk In Clinics
1080 Day Hill Road
Windsor, CT 06095
Phone: 860-298-8442
Fax: 860-298-9420
Accepting Workers Comp Patients?Y



ConciergeClaim® Nurse location (Travelers nurse present in the clinic)

This listing includes information on participating providers. While Travelers makes every effort to keep this on-line directory accurate and up-to-date changes may occur after posting.

Please be sure to confirm the current participation of any provider. Data last updated on 09/21/2021. Directory created on 09/27/2021.

State rules and regulations and the facts of a claim may impact an insurance company's obligation to pay for medical treatment if an injured worker changes doctors after treatment has begun. Injured workers are advised to check with their claim handler, nurse case manager or legal representative before making an appointment with a new doctor to determine whether changing doctors will affect their claim.

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Workers Compensation Claim Reporting Worksheet and Guide

We will produce and submit the necessary state forms and filings.

! DO NOT DELAY IN REPORTING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.
 PLEASE EMAIL YOUR COMPLETED FORM TO ~~firstreport@travelers.com~~ OR CALL 1.800.238.6225.
forward to Sue Chester in the BOE office after you see the healthcare provider for initial treatment.

ACCOUNT / ACCIDENT INFORMATION			
PREPARER'S PHONE NUMBER	PREPARER'S TITLE	PREPARER'S NAME	EMPLOYMENT STATE CT
SUBSIDIARY (COMPANY) NAME East Granby Board of Education	SUBSIDIARY (COMPANY) ADDRESS (STREET, CITY, STATE & ZIP) 33 Turkey Hills Rd, East Granby CT	SUBSIDIARY (COMPANY) MAILING ADDRESS (STREET, CITY, STATE & ZIP) <input checked="" type="checkbox"/> SAME	
DID THE ACCIDENT OCCUR AT THE LOCATION ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ADDRESS WHERE ACCIDENT OCCURRED			
PARENT COMPANY / INSURED'S NAME Town of East Granby			
LOCATION CODE	POLICY SYMBOL AND NUMBER 2S407346	NATURE OF BUSINESS Public School	
DATE OF INJURY	TIME OF INJURY		
ACCIDENT DESCRIPTION			
EMPLOYEE INFORMATION			
INJURED EMPLOYEE'S SOCIAL SECURITY NUMBER:	EMPLOYEE'S NAME (FIRST, MI, LAST)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PRIMARY LANGUAGE
DATE OF BIRTH	EMPLOYEE'S MAILING ADDRESS		
EMPLOYEE'S PHONE NUMBER	EMPLOYEE'S HOME ADDRESS (IF DIFFERENT FROM MAILING)	EMPLOYEE'S EMAIL ADDRESS	

* INJURY INFORMATION	
CAUSE OF ACCIDENT (E.G., SLIP/FALL, LIFTING, CHEMICAL)	
PART OF BODY INJURED (E.G., HEAD, NECK, ARM, LEG)	
NATURE OF INJURY (E.G., FRACTURE, SPRAIN, LACERATION)	
PRIOR INJURY OR PRE-EXISTING CONDITION(S) (IF YES, PLEASE DESCRIBE) <input type="checkbox"/> YES <input type="checkbox"/> NO	
* TREATMENT ("X" ALL THAT APPLY)	
<input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> FIRST AID/MINOR ON SITE TREATMENT <input type="checkbox"/> DOCTOR'S OFFICE/WALK-IN CLINIC <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> HOSPITAL/CLINIC - ADMITTED >24 HOURS	
DESCRIPTION OF TREATMENT AND DATE OF 1st TREATMENT	
NAME, ADDRESS, PHONE NUMBER OF TREATING FACILITY	
PHYSICIAN NAME	
INSURED CONTACT INFORMATION	
CONTACT NAME Suzanne Wolf-Chester	PHONE NUMBER 860-653-6486
EMAIL ADDRESS schester@eastgranby.k12.ct.us	BEST TIME TO CONTACT AND WHERE TO CONTACT 9:00am-4:00pm
ADDITIONAL NOTES/COMMENTS OR CUSTOMER SPECIFIC INFORMATION	



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The Travelers Indemnity Company and its property casualty affiliates. One Tower Square, Hartford, CT 06183

This material is for informational purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy. Coverages are subject to individual insureds meeting our underwriting qualifications and to state availability.

CE-10347 New 12-17