



WORKERS COMPENSATION MEDICAL TREATMENT PROGRAM

It is our hope that you will never have an injury or health problem as a result of your work. However, if you do, we at NESC Staffing, LLC will be ready to assist you. It is extremely important that you understand and comply with the procedures that follow should you ever require medical treatment for a work related injury:

EMERGENCY CARE

In the event of an emergency, please seek immediate medical care by calling 9-1-1 or going to the nearest hospital or urgent care facility. As soon as you are able, notify your branch office to report the incident.

NON-EMERGENCY CARE

1. Report injury to your immediate on-site supervisor
2. Call our Priority Care Hotline (PC365) to speak with a registered nurse. PC365 has nurses available 24/7/365 to help self-treat your injuries.

1-855-288-9490

When prompted for **Employer Name**, you will let them know that it is listed under
The "**NESC Umbrella**"

The **Location Code** is based on what branch office you are employed out of:

Portsmouth, NH: **NESC PORTSMOUTH**

Houston, TX: **NESC HOUSTON**

Woburn MA: **NESC WOBURN**

Boca Raton, FL: **NESC BOCA RATON**

Then provide your **Zip Code** so the nurse can locate care in your area.

3. Call **your Branch Representative** and report your injuries ASAP.

NESC Staffing, LLC may provide temporary alternative/transitional work opportunities to employees temporarily disabled by a work-related injury or illness. This may mean a modification of the present assignment, reassignment to different duties, or require a different work schedule.

We take our responsibility as an employer very seriously. We go to great lengths and great expense to provide a safe working environment and Worker's Compensation insurance for our employees. We deal promptly with meritorious and legitimate injuries and claims. However, we have extensive experience investigating and controverting fraudulent or malingering claims and will fight these types of claims with all available resources.

I have read the above and understand it.

Employee

(Signature)

Print Name: _____

Date: _____

Worker's Compensation Insurance Carrier

Old Republic Insurance Company
445 South Moorland Road, Suite 300
Brookfield, WI 53005
(262) 797-3400 • (800) 766-5673