

# NEW CLAIM- CHECK LIST

**1. Please submit the following forms within 7 days of filing a new First Report of Injury:**  
(They can all be found on the MMTA WCT website: [www.workerscompme.com/claims-information-forms/](http://www.workerscompme.com/claims-information-forms/))

- CMS Legal Documentation** (to ensure compliance with federal Medicare requirements)
- Supervisor's Report of Injury** (used as a loss control and claims mitigation tool)
- Employee's Report of Injury** (used as a loss control and claims mitigation tool)
- Medical Release Form** (necessary for the Trust to access employee's medical records)

\*\*The above forms must be e-mailed ([claims@workerscompme.com](mailto:claims@workerscompme.com)) or faxed to (207)622-6804

---

**2. Once the Trust has received and processed the First Report, we will e-mail a wage statement and fringe benefits form to you with the injured employee's information. Please complete within 7 days of receiving them.**

- Wage Statement** (to ensure compliance with WCB's lost time determination - allows Trust to calculate the Average Weekly Wage)
- Fringe Benefits** (WCB mandated this form in 2013 to detail the cost of any fringe benefits paid by the employer at the time of the injury)

\*\*The above forms must be emailed to [claims@workerscompme.com](mailto:claims@workerscompme.com)

---

**3. If you or your employee has received any medical records, M-1's, or bills pertaining to the injury, please send them to us immediately. This is very important; please do not assume that we have anything. If you or the employee has received them, that means the Trust most likely has not.**

- Bill, Medical Records, M-1's
- Updates (verbal or written) from the injured employee, supervisor, witnesses, physicians, etc. that gives additional information on the disposition of the claim/injury
- If injured employee has not been released to full duty and/or they are not making their pre-injury Average Weekly Wage, notify the Trust of any time away from regularly scheduled work regardless of whether it is related to work or related to the injury
- Any changes to the employer paying fringe benefits that were in place at the time of the injury

\*\*The above information must be e-mailed ([claims@workerscompme.com](mailto:claims@workerscompme.com)) or faxed to (207)622-6804