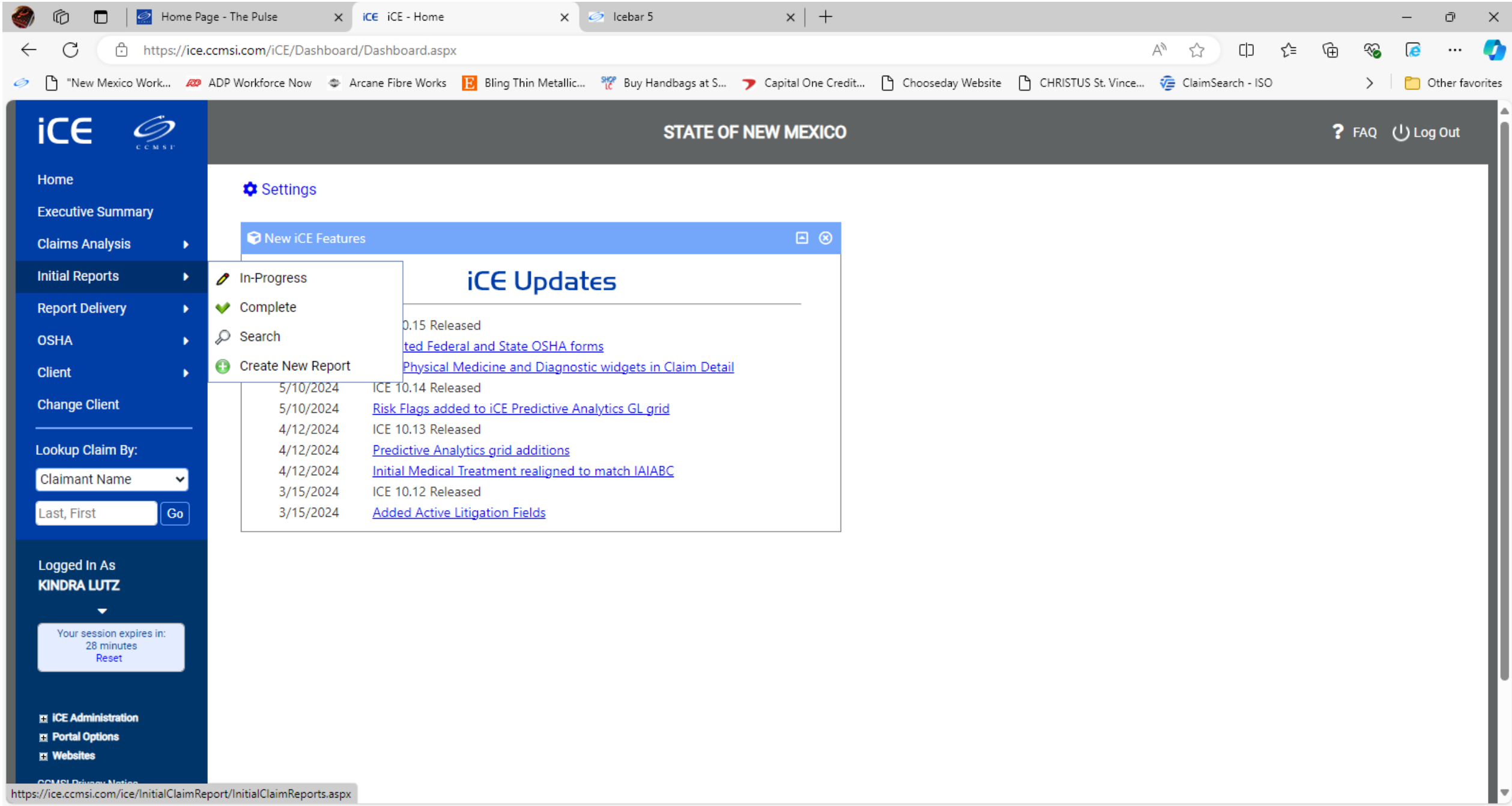
welcome to the edge.

CCMSI

iCE

one cool name. one hot solution.


Home Page - The Pulse
iCE - Home
Icebar 5
https://ice.ccmsi.com/iCE/Dashboard/Dashboard.aspx
"New Mexico Work...
ADP Workforce Now
Arcane Fibre Works
Bling Thin Metallic...
Buy Handbags at S...
Capital One Credit...
Chooseday Website
CHRISTUS St. Vince...
ClaimSearch - ISO
Other favorites
iCE
STATE OF NEW MEXICO
FAQ
Log Out
Home
Executive Summary
Claims Analysis
Initial Reports
Report Delivery
OSHA
Client
Change Client
Lookup Claim By:
Claimant Name
Last, First
Go
Logged In As
KINDRA LUTZ
Your session expires in:
28 minutes
Reset
iCE Administration
Portal Options
Websites
Settings
New iCE Features
In-Progress
Complete
Search
Create New Report
iCE Updates
0.15 Released
ted Federal and State OSHA forms
Physical Medicine and Diagnostic widgets in Claim Detail
5/10/2024 ICE 10.14 Released
5/10/2024 Risk Flags added to iCE Predictive Analytics GL grid
4/12/2024 ICE 10.13 Released
4/12/2024 Predictive Analytics grid additions
4/12/2024 Initial Medical Treatment realigned to match IAIABC
3/15/2024 ICE 10.12 Released
3/15/2024 Added Active Litigation Fields
https://ice.ccmsi.com/ice/InitialClaimReport/InitialClaimReports.aspx

Home Page - The Pulse | iCE - Initial Report Form | Icebar 5

https://ice.ccmsi.com/ice/InitialClaimReport/InitialReportForm.aspx

"New Mexico Work... | ADP Workforce Now | Arcane Fibre Works | Bling Thin Metallic... | Buy Handbags at S... | Capital One Credit... | Chooseday Website | CHRISTUS St. Vince... | ClaimSearch - ISO | Other favorites

iCE CCMSI

STATE OF NEW MEXICO

? FAQ | Log Out

- Home
- Executive Summary
- Claims Analysis
- Initial Reports
- Report Delivery
- OSHA
- Client
- Change Client

Lookup Claim By:

Claimant Name

Last, First | Go

Logged In As
KINDRA LUTZ

Your session expires in:
29 minutes
Reset

- ICE Administration
- Portal Options
- Websites

CCMSI Privacy Notice

In-Progress | Complete | Search | Create New Report

INITIAL REPORT FORM

GENERAL INFORMATION

Claim Number: (Unassigned)
Alternate Claim Number:
Location: *
Location2: *
Date of Loss: *
Time of Loss: (00:00 - 23:59)
Date Reported: 6/18/2024 *
Covg Code: *
Report Type: *

CLAIMANT'S PERSONAL INFORMATION

Claimant ID: Social Security Num / Perm. Resident ID / Empl. Visa ID / Federal ID
Employee ID:

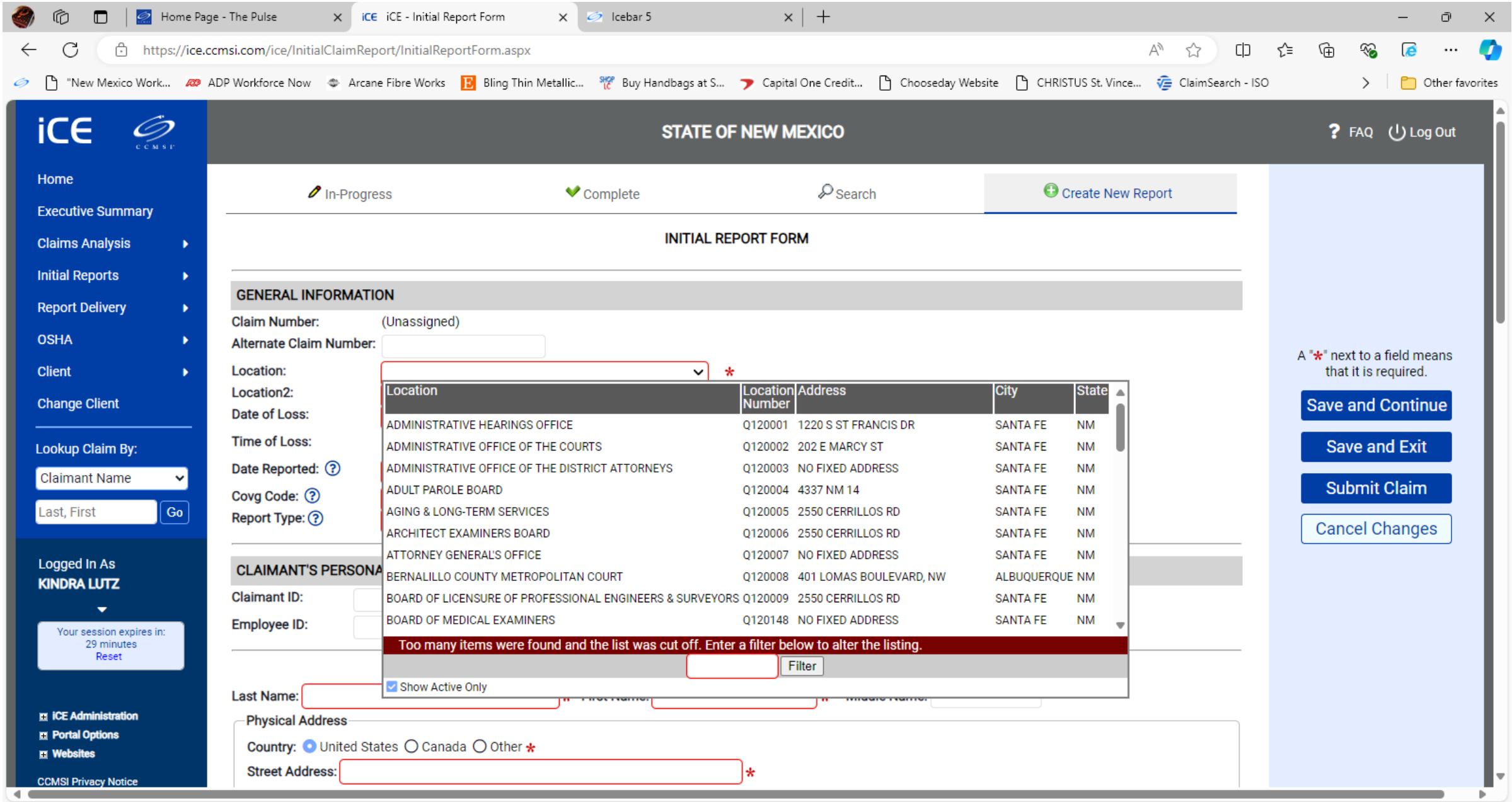
Last Name: * First Name: * Middle Name:

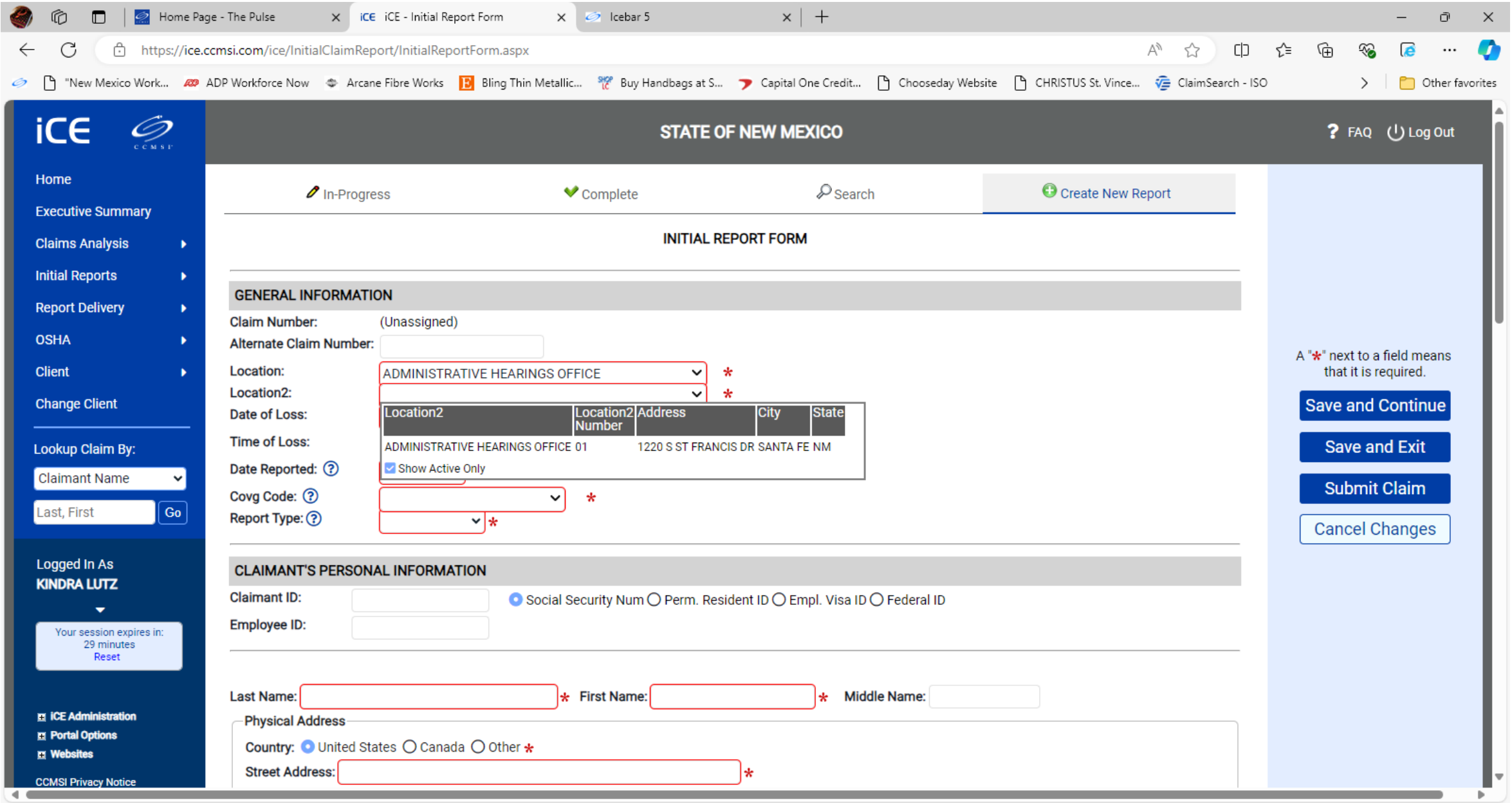
Physical Address

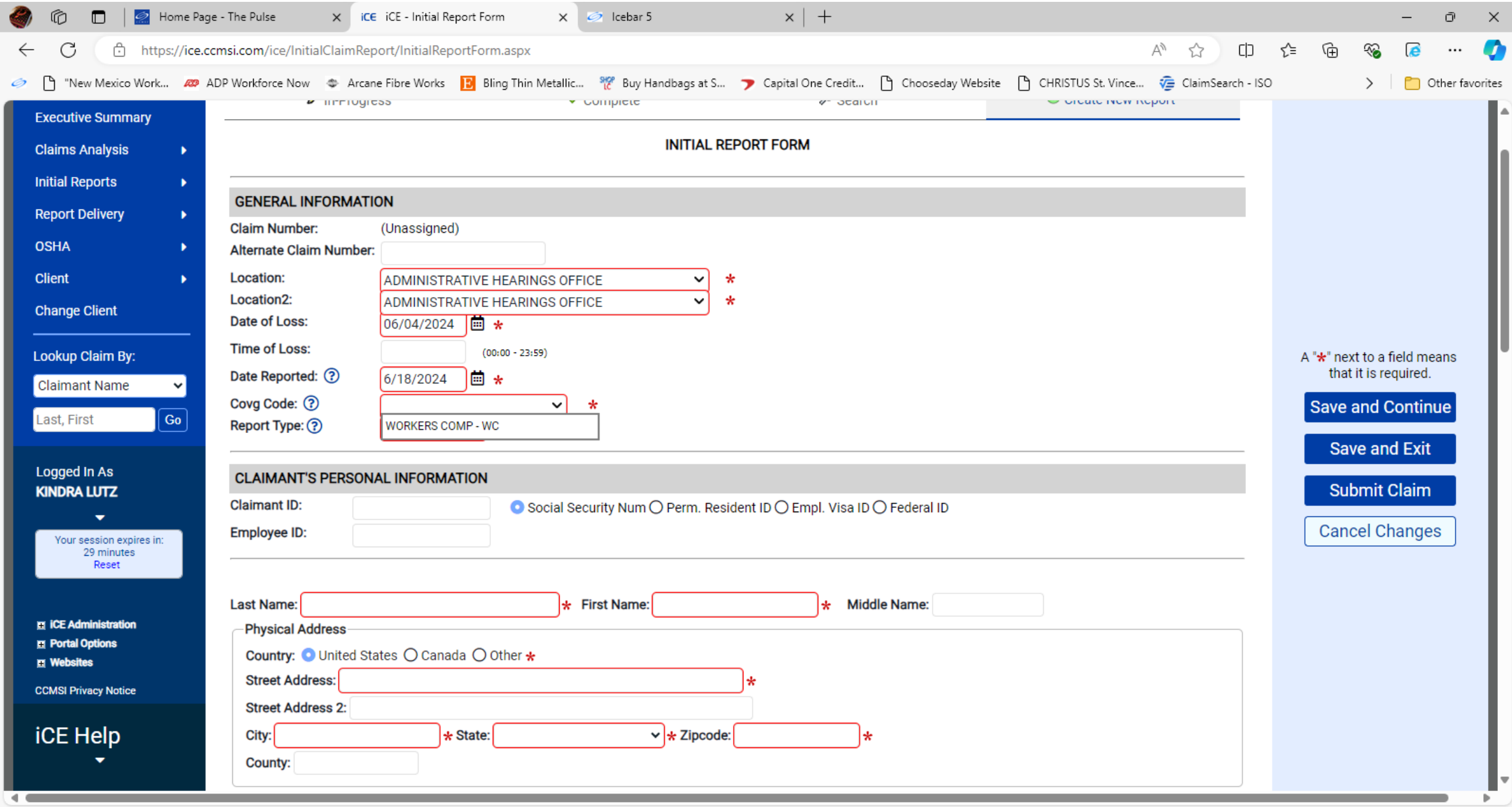
Country: United States / Canada / Other *
Street Address: *

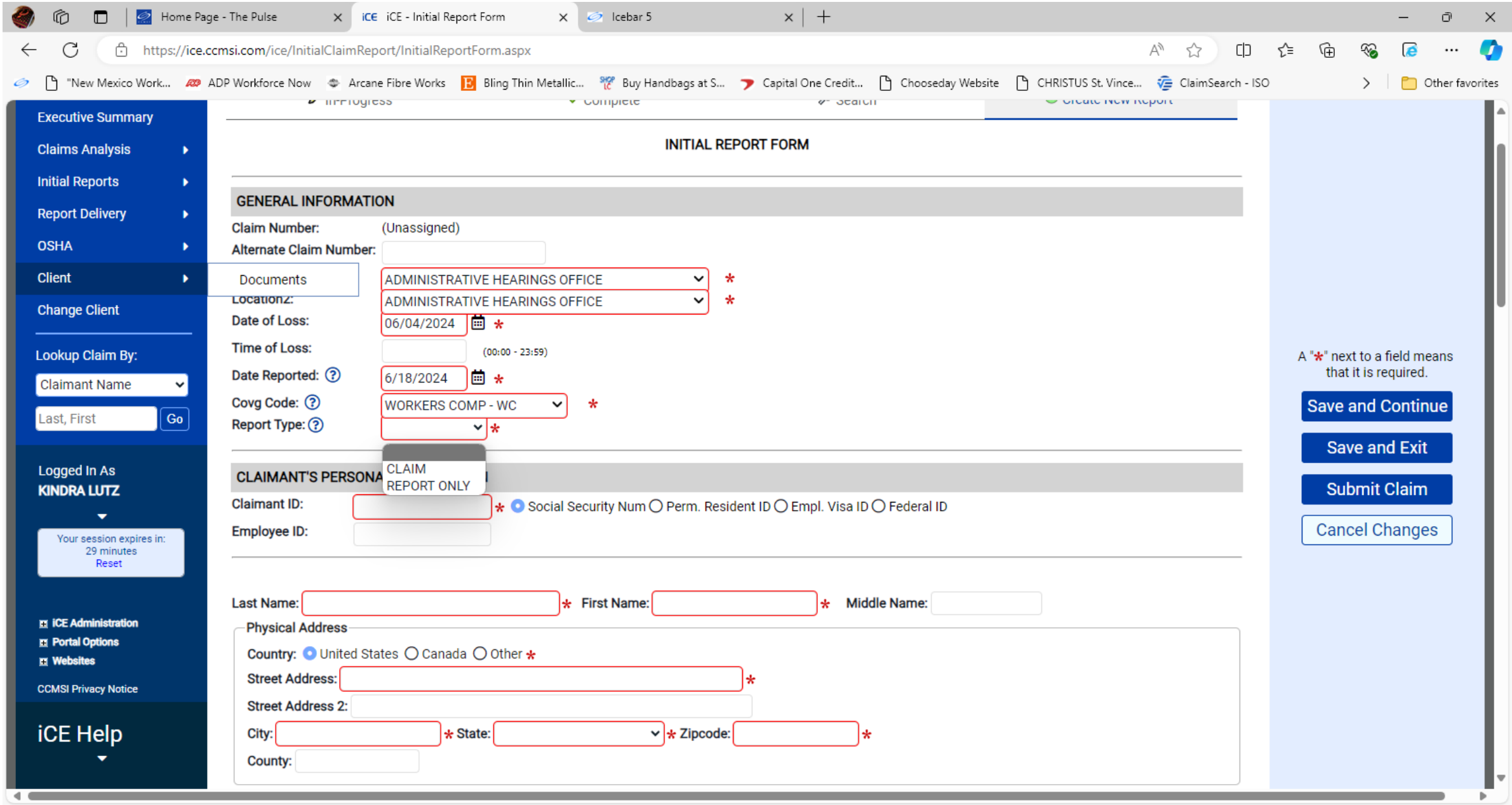
A "*" next to a field means that it is required.

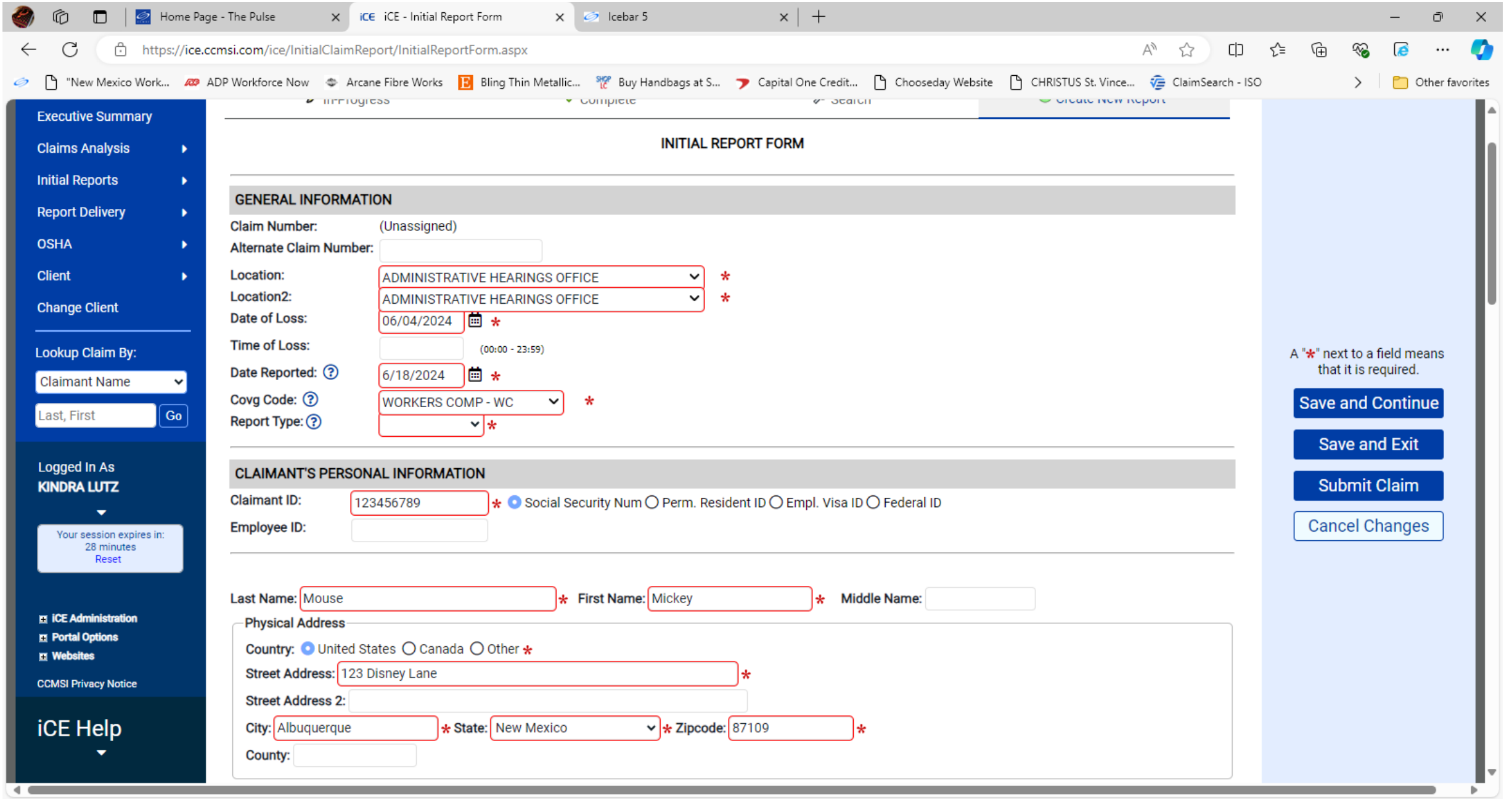
Save and Continue
Save and Exit
Submit Claim
Cancel Changes


Home Page - The Pulse
iCE - Initial Report Form
Icebar 5
https://ice.ccmsi.com/ice/InitialClaimReport/InitialReportForm.aspx
iCE
STATE OF NEW MEXICO
FAQ
Log Out
Home
Executive Summary
Claims Analysis
Initial Reports
Report Delivery
OSHA
Client
Change Client
Lookup Claim By:
Claimant Name
Last, First
Go
Logged In As
KINDRA LUTZ
Your session expires in: 29 minutes
Reset
iCE Administration
Portal Options
Websites
CCMSI Privacy Notice
In-Progress
Complete
Search
Create New Report
INITIAL REPORT FORM
GENERAL INFORMATION
Claim Number: (Unassigned)
Alternate Claim Number:
Location:
Location2:
Date of Loss:
Time of Loss:
Date Reported:
Covg Code:
Report Type:
Location | Location Number | Address | City | State
ADMINISTRATIVE HEARINGS OFFICE | Q120001 | 1220 S ST FRANCIS DR | SANTA FE | NM
ADMINISTRATIVE OFFICE OF THE COURTS | Q120002 | 202 E MARCY ST | SANTA FE | NM
ADMINISTRATIVE OFFICE OF THE DISTRICT ATTORNEYS | Q120003 | NO FIXED ADDRESS | SANTA FE | NM
ADULT PAROLE BOARD | Q120004 | 4337 NM 14 | SANTA FE | NM
AGING & LONG-TERM SERVICES | Q120005 | 2550 CERRILLOS RD | SANTA FE | NM
ARCHITECT EXAMINERS BOARD | Q120006 | 2550 CERRILLOS RD | SANTA FE | NM
ATTORNEY GENERAL'S OFFICE | Q120007 | NO FIXED ADDRESS | SANTA FE | NM
BERNALILLO COUNTY METROPOLITAN COURT | Q120008 | 401 LOMAS BOULEVARD, NW | ALBUQUERQUE | NM
BOARD OF LICENSURE OF PROFESSIONAL ENGINEERS & SURVEYORS | Q120009 | 2550 CERRILLOS RD | SANTA FE | NM
BOARD OF MEDICAL EXAMINERS | Q120148 | NO FIXED ADDRESS | SANTA FE | NM
Too many items were found and the list was cut off. Enter a filter below to alter the listing.
Filter
Show Active Only
CLAIMANT'S PERSONA
Claimant ID:
Employee ID:
Last Name:
Physical Address
Country: United States Canada Other
Street Address:
A "*" next to a field means that it is required.
Save and Continue
Save and Exit
Submit Claim
Cancel Changes


Home Page - The Pulse
iCE - Initial Report Form
Icebar 5
https://ice.ccmsi.com/ice/InitialClaimReport/InitialReportForm.aspx
"New Mexico Work...
ADP Workforce Now
Arcane Fibre Works
Bling Thin Metallic...
Buy Handbags at S...
Capital One Credit...
Chooseday Website
CHRISTUS St. Vince...
ClaimSearch - ISO
Other favorites
iCE
CCMSI
STATE OF NEW MEXICO
FAQ
Log Out
Home
Executive Summary
Claims Analysis
Initial Reports
Report Delivery
OSHA
Client
Change Client
Lookup Claim By:
Claimant Name
Last, First
Go
Logged In As
KINDRA LUTZ
Your session expires in:
29 minutes
Reset
ICE Administration
Portal Options
Websites
CCMSI Privacy Notice
In-Progress
Complete
Search
Create New Report
INITIAL REPORT FORM
GENERAL INFORMATION
Claim Number:
(Unassigned)
Alternate Claim Number:
Location:
ADMINISTRATIVE HEARINGS OFFICE
Location2:
Date of Loss:
Time of Loss:
Date Reported:
Covg Code:
Report Type:
Location2
Location2 Number
Address
City
State
ADMINISTRATIVE HEARINGS OFFICE 01
1220 S ST FRANCIS DR SANTA FE NM
Show Active Only
CLAIMANT'S PERSONAL INFORMATION
Claimant ID:
Social Security Num
Perm. Resident ID
Empl. Visa ID
Federal ID
Employee ID:
Last Name:
First Name:
Middle Name:
Physical Address
Country:
United States
Canada
Other
Street Address:
A "*" next to a field means that it is required.
Save and Continue
Save and Exit
Submit Claim
Cancel Changes


Home Page - The Pulse
iCE - Initial Report Form
Icebar 5
https://ice.ccmsi.com/ice/InitialClaimReport/InitialReportForm.aspx
"New Mexico Work...
ADP Workforce Now
Arcane Fibre Works
Bling Thin Metallic...
Buy Handbags at S...
Capital One Credit...
Chooseday Website
CHRISTUS St. Vince...
ClaimSearch - ISO
Other favorites
Executive Summary
Claims Analysis
Initial Reports
Report Delivery
OSHA
Client
Change Client
Lookup Claim By:
Claimant Name
Last, First
Go
Logged In As
KINDRA LUTZ
Your session expires in:
29 minutes
Reset
iCE Administration
Portal Options
Websites
CCMSI Privacy Notice
iCE Help
INITIAL REPORT FORM
GENERAL INFORMATION
Claim Number: (Unassigned)
Alternate Claim Number:
Location: ADMINISTRATIVE HEARINGS OFFICE
Location2: ADMINISTRATIVE HEARINGS OFFICE
Date of Loss: 06/04/2024
Time of Loss: (00:00 - 23:59)
Date Reported: 6/18/2024
Covg Code:
Report Type: WORKERS COMP - WC
CLAIMANT'S PERSONAL INFORMATION
Claimant ID: Social Security Num Perm. Resident ID Empl. Visa ID Federal ID
Employee ID:
Last Name: First Name: Middle Name:
Physical Address
Country: United States Canada Other
Street Address:
Street Address 2:
City: State: Zipcode:
County:
A "*" next to a field means that it is required.
Save and Continue
Save and Exit
Submit Claim
Cancel Changes


Home Page - The Pulse
iCE - Initial Report Form
Icebar 5
https://ice.ccmsi.com/ice/InitialClaimReport/InitialReportForm.aspx
Executive Summary
Claims Analysis
Initial Reports
Report Delivery
OSHA
Client
Change Client
Lookup Claim By:
Claimant Name
Last, First
Go
Logged In As
KINDRA LUTZ
Your session expires in: 29 minutes
Reset
iCE Administration
Portal Options
Websites
CCMSI Privacy Notice
iCE Help
Documents
INITIAL REPORT FORM
GENERAL INFORMATION
Claim Number: (Unassigned)
Alternate Claim Number:
ADMINISTRATIVE HEARINGS OFFICE
Location2: ADMINISTRATIVE HEARINGS OFFICE
Date of Loss: 06/04/2024
Time of Loss: (00:00 - 23:59)
Date Reported: 6/18/2024
Covg Code: WORKERS COMP - WC
Report Type:
CLAIM
REPORT ONLY
CLAIMANT'S PERSONA
Claimant ID: Social Security Num Perm. Resident ID Empl. Visa ID Federal ID
Employee ID:
Last Name: First Name: Middle Name:
Physical Address
Country: United States Canada Other
Street Address:
Street Address 2:
City: State: Zipcode:
County:
A "*" next to a field means that it is required.
Save and Continue
Save and Exit
Submit Claim
Cancel Changes


Home Page - The Pulse
iCE - Initial Report Form
Icebar 5
https://ice.ccmsi.com/ice/InitialClaimReport/InitialReportForm.aspx
"New Mexico Work...
ADP Workforce Now
Arcane Fibre Works
Bling Thin Metallic...
Buy Handbags at S...
Capital One Credit...
Chooseday Website
CHRISTUS St. Vince...
ClaimSearch - ISO
Other favorites
Executive Summary
Claims Analysis
Initial Reports
Report Delivery
OSHA
Client
Change Client
Lookup Claim By:
Claimant Name
Last, First
Go
Logged In As
KINDRA LUTZ
Your session expires in:
28 minutes
Reset
iCE Administration
Portal Options
Websites
CCMSI Privacy Notice
iCE Help
INITIAL REPORT FORM
GENERAL INFORMATION
Claim Number: (Unassigned)
Alternate Claim Number:
Location: ADMINISTRATIVE HEARINGS OFFICE
Location2: ADMINISTRATIVE HEARINGS OFFICE
Date of Loss: 06/04/2024
Time of Loss: (00:00 - 23:59)
Date Reported: 6/18/2024
Covg Code: WORKERS COMP - WC
Report Type:
CLAIMANT'S PERSONAL INFORMATION
Claimant ID: 123456789 Social Security Num Perm. Resident ID Empl. Visa ID Federal ID
Employee ID:
Last Name: Mouse
First Name: Mickey
Middle Name:
Physical Address
Country: United States Canada Other
Street Address: 123 Disney Lane
Street Address 2:
City: Albuquerque
State: New Mexico
Zipcode: 87109
County:
A "*" next to a field means that it is required.
Save and Continue
Save and Exit
Submit Claim
Cancel Changes

County:

Mailing Address

☑ Same as Physical Address

Phone and Email

Work Phone: * Home Phone: *

Cell Phone:

Work Email: Personal Email:

Date of Birth: * Preferred Language:

Marital Status: Unknown Gender: ○ Male ○ Female ○ Unknown

INCIDENT INFORMATION

Loss Cause: *

Loss Type: *

Body Part: *

Harmful Object/Substance:

State of Jurisdiction: (?) New Mexico *

Incident Address

Accident Location: (?) ○ Employer ○ Lessee ○ Other *

Address Line 1:

Address Line 2:

City: State: * Zipcode: *

Drivers License #: Drivers License State: Select One

Accident Description: (50 character limit)

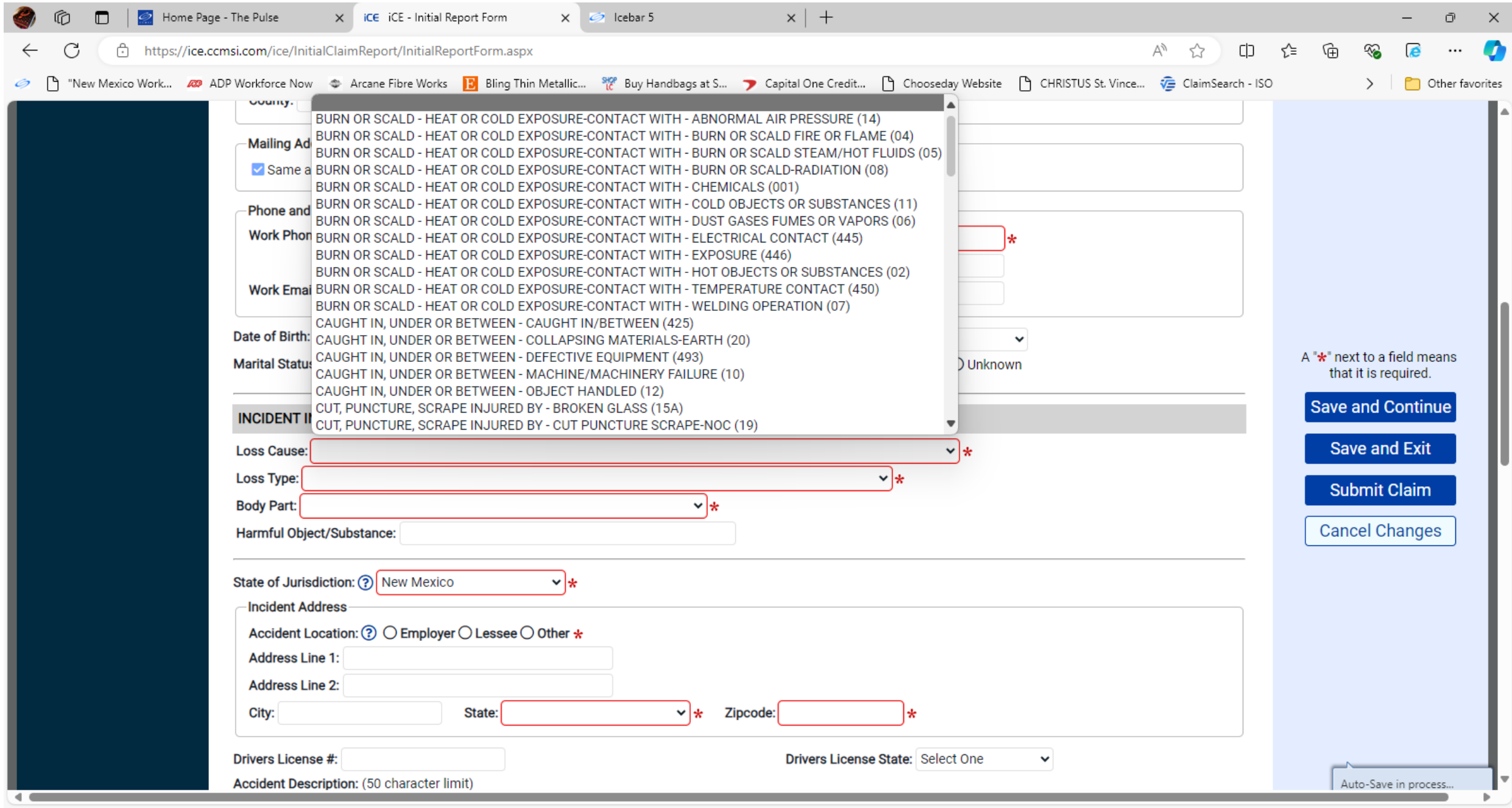
A "*" next to a field means that it is required.

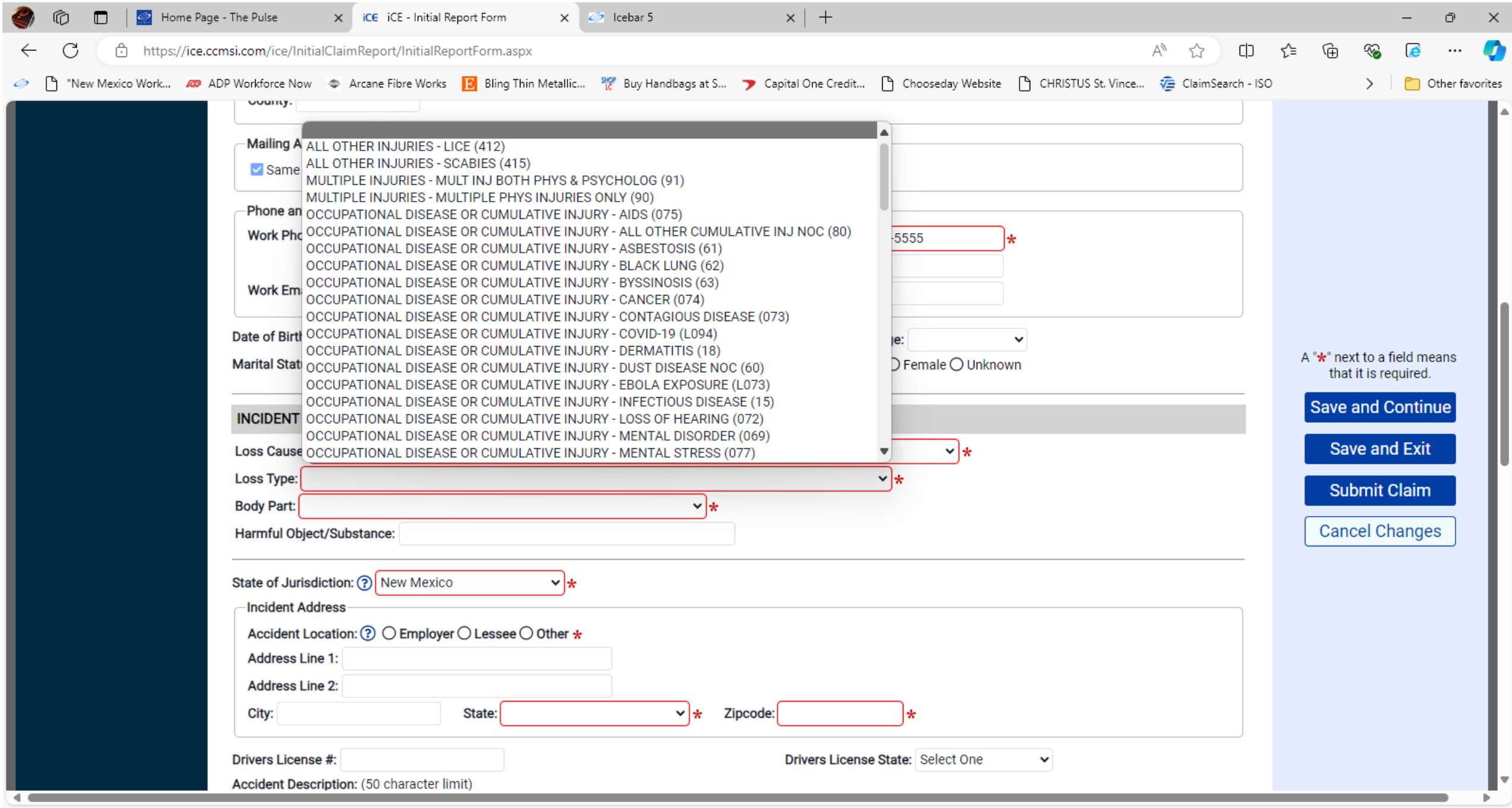
Save and Continue

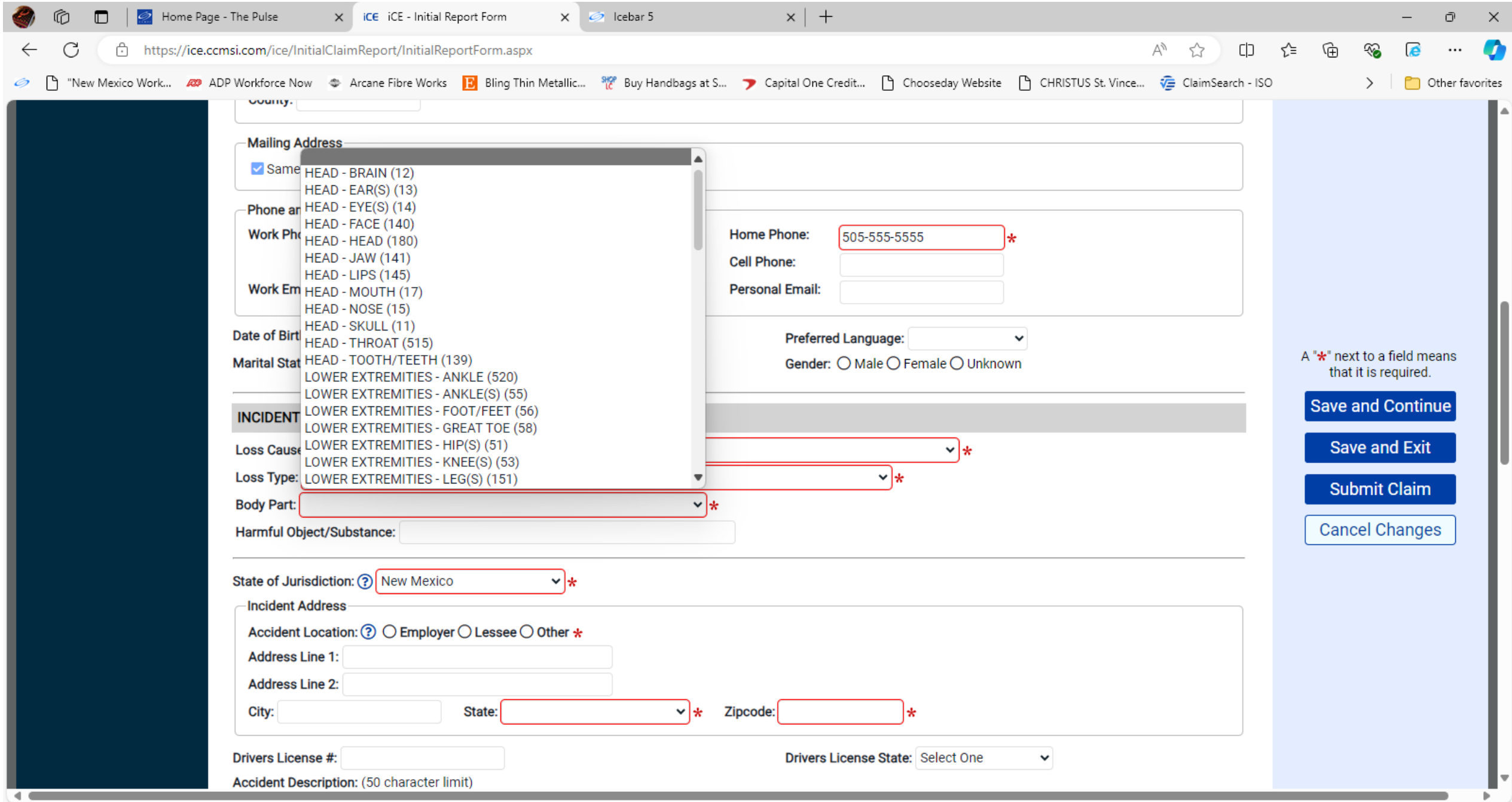
Save and Exit

Submit Claim

Cancel Changes


Home Page - The Pulse
iCE - Initial Report Form
Icebar 5
https://ice.ccmsi.com/ice/InitialClaimReport/InitialReportForm.aspx
"New Mexico Work...
ADP Workforce Now
Arcane Fibre Works
Bling Thin Metallic...
Buy Handbags at S...
Capital One Credit...
Chooseday Website
CHRISTUS St. Vince...
ClaimSearch - ISO
Other favorites
BURN OR SCALD - HEAT OR COLD EXPOSURE-CONTACT WITH - ABNORMAL AIR PRESSURE (14)
BURN OR SCALD - HEAT OR COLD EXPOSURE-CONTACT WITH - BURN OR SCALD FIRE OR FLAME (04)
BURN OR SCALD - HEAT OR COLD EXPOSURE-CONTACT WITH - BURN OR SCALD STEAM/HOT FLUIDS (05)
BURN OR SCALD - HEAT OR COLD EXPOSURE-CONTACT WITH - BURN OR SCALD-RADIATION (08)
BURN OR SCALD - HEAT OR COLD EXPOSURE-CONTACT WITH - CHEMICALS (001)
BURN OR SCALD - HEAT OR COLD EXPOSURE-CONTACT WITH - COLD OBJECTS OR SUBSTANCES (11)
BURN OR SCALD - HEAT OR COLD EXPOSURE-CONTACT WITH - DUST GASES FUMES OR VAPORS (06)
BURN OR SCALD - HEAT OR COLD EXPOSURE-CONTACT WITH - ELECTRICAL CONTACT (445)
BURN OR SCALD - HEAT OR COLD EXPOSURE-CONTACT WITH - EXPOSURE (446)
BURN OR SCALD - HEAT OR COLD EXPOSURE-CONTACT WITH - HOT OBJECTS OR SUBSTANCES (02)
BURN OR SCALD - HEAT OR COLD EXPOSURE-CONTACT WITH - TEMPERATURE CONTACT (450)
BURN OR SCALD - HEAT OR COLD EXPOSURE-CONTACT WITH - WELDING OPERATION (07)
CAUGHT IN, UNDER OR BETWEEN - CAUGHT IN/BETWEEN (425)
CAUGHT IN, UNDER OR BETWEEN - COLLAPSING MATERIALS-EARTH (20)
CAUGHT IN, UNDER OR BETWEEN - DEFECTIVE EQUIPMENT (493)
CAUGHT IN, UNDER OR BETWEEN - MACHINE/MACHINERY FAILURE (10)
CAUGHT IN, UNDER OR BETWEEN - OBJECT HANDLED (12)
CUT, PUNCTURE, SCRAPE INJURED BY - BROKEN GLASS (15A)
CUT, PUNCTURE, SCRAPE INJURED BY - CUT PUNCTURE SCRAPE-NOC (19)
Mailing Ad
Same a
Phone and
Work Phon
Work Emai
Date of Birth:
Marital Status
Unknown
INCIDENT I
Loss Cause:
Loss Type:
Body Part:
Harmful Object/Substance:
State of Jurisdiction:
New Mexico
Incident Address
Accident Location:
Employer
Lessee
Other
Address Line 1:
Address Line 2:
City:
State:
Zipcode:
Drivers License #:
Drivers License State:
Select One
Accident Description: (50 character limit)
A "*" next to a field means that it is required.
Save and Continue
Save and Exit
Submit Claim
Cancel Changes
Auto-Save in process...


Home Page - The Pulse
iCE - Initial Report Form
Icebar 5
https://ice.ccmsi.com/ice/InitialClaimReport/InitialReportForm.aspx
"New Mexico Work...
ADP Workforce Now
Arcane Fibre Works
Bling Thin Metallic...
Buy Handbags at S...
Capital One Credit...
Chooseday Website
CHRISTUS St. Vince...
ClaimSearch - ISO
Other favorites
Mailing A
Same
Phone an
Work Pho
Work Em
-5555
Date of Birt
Marital Stat
Female
Unknown
INCIDENT
Loss Cause
Loss Type:
Body Part:
Harmful Object/Substance:
State of Jurisdiction:
New Mexico
Incident Address
Accident Location:
Employer
Lessee
Other
Address Line 1:
Address Line 2:
City:
State:
Zipcode:
Drivers License #:
Drivers License State:
Select One
Accident Description: (50 character limit)
ALL OTHER INJURIES - LICE (412)
ALL OTHER INJURIES - SCABIES (415)
MULTIPLE INJURIES - MULT INJ BOTH PHYS & PSYCHOLOG (91)
MULTIPLE INJURIES - MULTIPLE PHYS INJURIES ONLY (90)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - AIDS (075)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - ALL OTHER CUMULATIVE INJ NOC (80)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - ASBESTOSIS (61)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - BLACK LUNG (62)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - BYSSINOSIS (63)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - CANCER (074)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - CONTAGIOUS DISEASE (073)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - COVID-19 (L094)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - DERMATITIS (18)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - DUST DISEASE NOC (60)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - EBOLA EXPOSURE (L073)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - INFECTIOUS DISEASE (15)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - LOSS OF HEARING (072)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - MENTAL DISORDER (069)
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY - MENTAL STRESS (077)
A "*" next to a field means that it is required.
Save and Continue
Save and Exit
Submit Claim
Cancel Changes


Home Page - The Pulse
iCE - Initial Report Form
Icebar 5
https://ice.ccmsi.com/ice/InitialClaimReport/InitialReportForm.aspx
"New Mexico Work...
ADP Workforce Now
Arcane Fibre Works
Bling Thin Metallic...
Buy Handbags at S...
Capital One Credit...
Chooseday Website
CHRISTUS St. Vince...
ClaimSearch - ISO
Other favorites
Mailing Address
Same
HEAD - BRAIN (12)
HEAD - EAR(S) (13)
HEAD - EYE(S) (14)
HEAD - FACE (140)
HEAD - HEAD (180)
HEAD - JAW (141)
HEAD - LIPS (145)
HEAD - MOUTH (17)
HEAD - NOSE (15)
HEAD - SKULL (11)
HEAD - THROAT (515)
HEAD - TOOTH/TEETH (139)
LOWER EXTREMITIES - ANKLE (520)
LOWER EXTREMITIES - ANKLE(S) (55)
LOWER EXTREMITIES - FOOT/FEET (56)
LOWER EXTREMITIES - GREAT TOE (58)
LOWER EXTREMITIES - HIP(S) (51)
LOWER EXTREMITIES - KNEE(S) (53)
LOWER EXTREMITIES - LEG(S) (151)
Work Phone:
Work Email:
Home Phone: 505-555-5555
Cell Phone:
Personal Email:
Date of Birth:
Marital Status:
Preferred Language:
Gender: Male Female Unknown
INCIDENT
Loss Cause:
Loss Type:
Body Part:
Harmful Object/Substance:
State of Jurisdiction: New Mexico
Incident Address
Accident Location: Employer Lessee Other
Address Line 1:
Address Line 2:
City:
State:
Zipcode:
Drivers License #:
Drivers License State: Select One
Accident Description: (50 character limit)
A "*" next to a field means that it is required.
Save and Continue
Save and Exit
Submit Claim
Cancel Changes

Home Page - The Pulse | iCE - Initial Report Form | Icebar 5

https://ice.ccmsi.com/ice/InitialClaimReport/InitialReportForm.aspx

"New Mexico Work... | ADP Workforce Now | Arcane Fibre Works | Bling Thin Metallic... | Buy Handbags at S... | Capital One Credit... | Chooseday Website | CHRISTUS St. Vince... | ClaimSearch - ISO | Other favorites

State of Jurisdiction: New Mexico *

Incident Address

Accident Location: ○ Employer ○ Lessee ○ Other *

Address Line 1:

Address Line 2:

City: State: * Zipcode: *

Drivers License #: Drivers License State: Select One

Accident Description: (50 character limit)

*

Claim Summary: (Include any relevant details)

Initial Medical Treatment

○ No Medical Treatment ○ Minor on-site remedies by employer ○ Minor clinic/hospital medical remedies
○ Emergency Evaluation ○ Hospitalization > 24 hours ○ Future Major Medical/Lost Time

Witnesses

Add

GROUP/ANALYSIS CODES

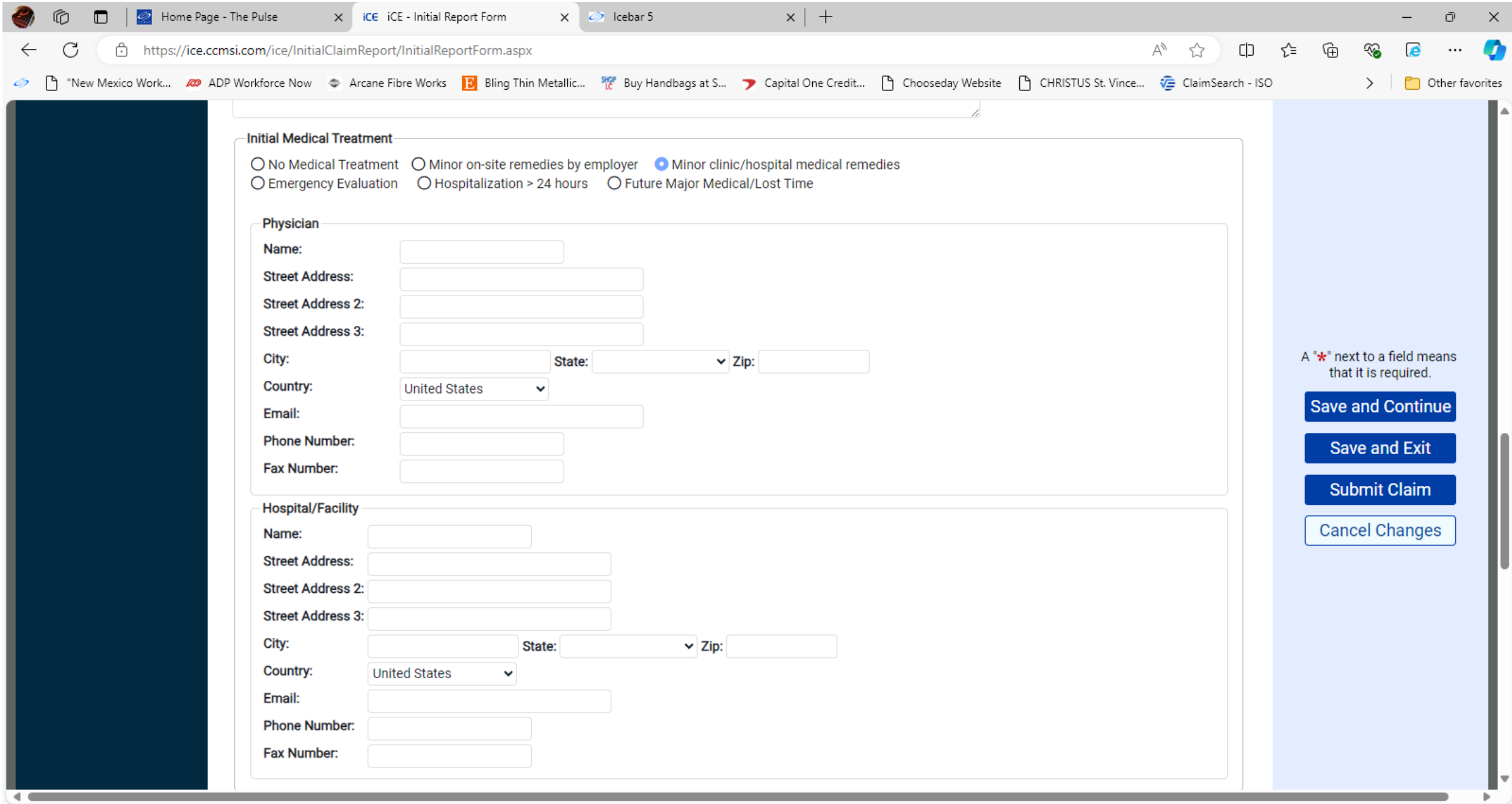
A "*" next to a field means that it is required.

Save and Continue

Save and Exit

Submit Claim

Cancel Changes


Home Page - The Pulse
iCE - Initial Report Form
Icebar 5
https://ice.ccmsi.com/ice/InitialClaimReport/InitialReportForm.aspx
"New Mexico Work...
ADP Workforce Now
Arcane Fibre Works
Bling Thin Metallic...
Buy Handbags at S...
Capital One Credit...
Chooseday Website
CHRISTUS St. Vince...
ClaimSearch - ISO
Other favorites
Initial Medical Treatment
No Medical Treatment
Minor on-site remedies by employer
Minor clinic/hospital medical remedies
Emergency Evaluation
Hospitalization > 24 hours
Future Major Medical/Lost Time
Physician
Name:
Street Address:
Street Address 2:
Street Address 3:
City:
State:
Zip:
Country:
United States
Email:
Phone Number:
Fax Number:
Hospital/Facility
Name:
Street Address:
Street Address 2:
Street Address 3:
City:
State:
Zip:
Country:
United States
Email:
Phone Number:
Fax Number:
A "*" next to a field means that it is required.
Save and Continue
Save and Exit
Submit Claim
Cancel Changes

Witnesses

Add

GROUP/ANALYSIS CODES

WORKERS' COMPENSATION/JONES ACT ONLY

Lost Time: ○ Yes ○ No *

Date Last Worked: *

Returned to Work: ○ Yes ○ No *

Returned to Light Duty Date: OR Returned to Fulltime Date:

Employee Died Because of Accident: ○ Yes ○ No *

Salary Continued In Lieu of Compensation: ○ Yes ○ No *

Full Wages Paid Day Injured: ○ Yes ○ No *

Employment: *

Hire Date: *

Rate of Pay: $ * ○ Hourly ○ Daily ○ Weekly ○ BiWeekly ○ Semi-Monthly ○ Monthly ○ Annually *

Job Code:

Job Title (Carrier): *

STATE SPECIFIC FIELDS FOR NEW MEXICO

Place of Accident Address 1:

Place of Accident City:

Place of Accident State:

Place of Accident Zip:

Disability/LOEC Percentage:

Pre-Existing Disability Percentage:

A "*" next to a field means that it is required.

Save and Continue

Save and Exit

Submit Claim

Cancel Changes

Home Page - The Pulse | iCE - Initial Report Form | Icebar 5

https://ice.ccmsi.com/ice/InitialClaimReport/InitialReportForm.aspx

"New Mexico Work... | ADP Workforce Now | Arcane Fibre Works | Bling Thin Metallic... | Buy Handbags at S... | Capital One Credit... | Chooseday Website | CHRISTUS St. Vince... | ClaimSearch - ISO | Other favorites

Salary Continued In Lieu of Compensation: ○ Yes ○ No *

Full Wages Paid Day Injured: ○ Yes ○ No *

Employment: *

Hire Date: *

Rate of Pay: $ * ○ Hourly ○ Daily ○ Weekly ○ BiWeekly ○ Semi-Monthly ○ Monthly ○ Annually *

Job Code:

Job Title (Carrier): *

STATE SPECIFIC FIELDS FOR NEW MEXICO

Place of Accident Address 1:

Place of Accident City:

Place of Accident State:

Place of Accident Zip:

Disability/LOEC Percentage:

Pre-Existing Disability Percentage:

DOCUMENTS

You must click on a "Save" button below before you can add documents.

HISTORY

Completed By

Name: KINDRA LUTZ *

Title:

Phone: 505-837-8763 *

Created:
Last Changed:
Ready For Review:
RPO Submitted:
Claim Submitted:

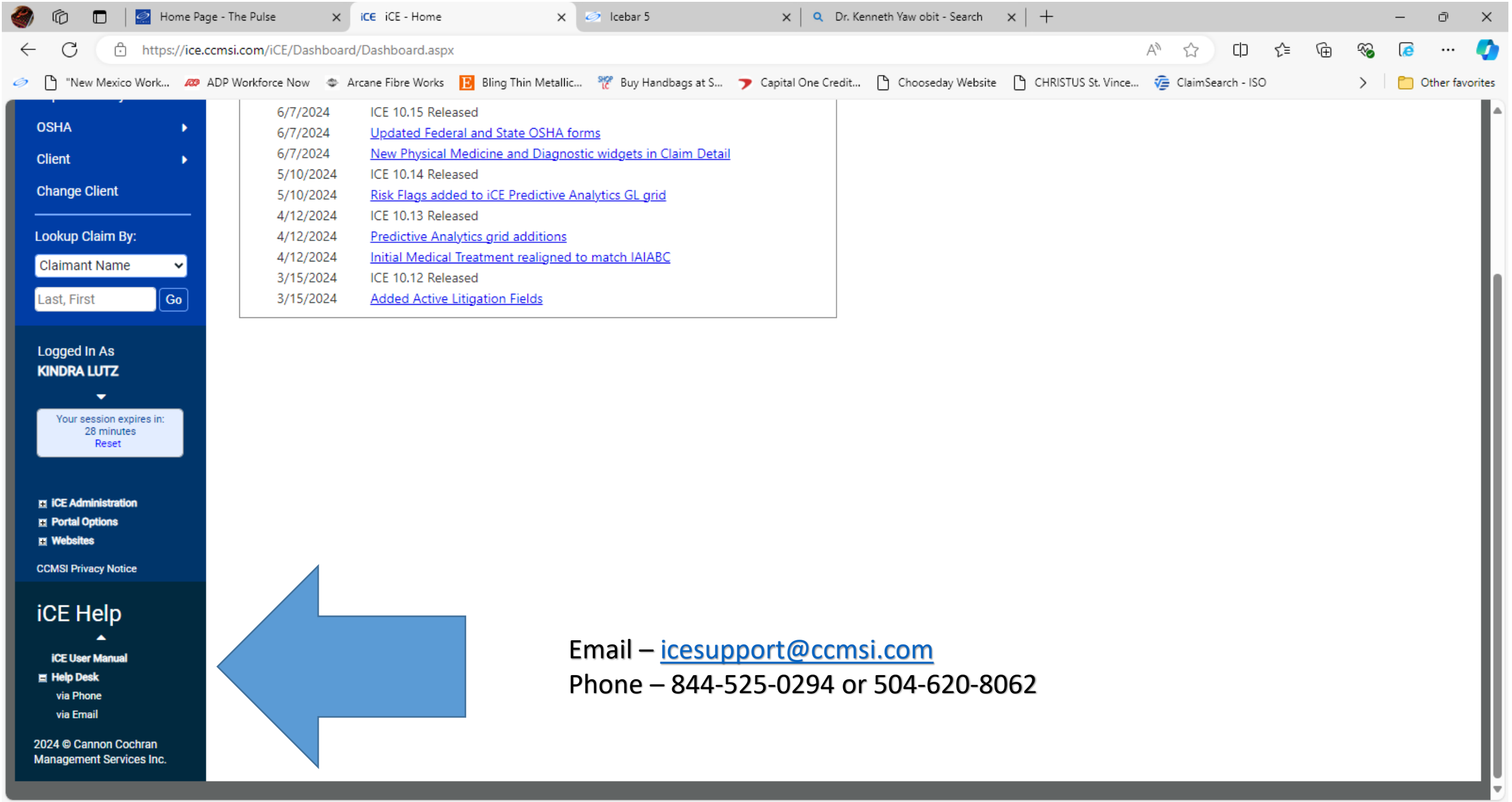
A "*" next to a field means that it is required.

Save and Continue

Save and Exit

Submit Claim

Cancel Changes



Email – icesupport@ccmsi.com
Phone – 844-525-0294 or 504-620-8062