



PRESCRIPTION PROGRAM FOR WORK-RELATED INJURIES

Injured Worker

<p>No Cost</p>	<p>STEP 1 To obtain your First Fill prescriptions complete the information requested in the bottom portion below</p>
	<p>STEP 2 Present this form to your pharmacist along with the prescriptions for your work-related injury.</p>
<p>No Delay</p>	<p>First Script is available at over 61,000 pharmacies nationwide. To locate a nearby pharmacy, please call First Script Customer Service at 1-800-791-2080.</p>
<p>Feel Better Faster</p>	<p>Please note that First Script is valid only for medications prescribed to treat your compensable work-related injury. You or your group health insurer, are financially responsible for any other prescriptions. The workers' compensation carrier will determine the compensability of the claim.</p>

Pharmacy Instructions

Injured Worker's employer participates in First Script, a pharmacy benefit program administered by **TDI, EHS or Caremark**. Call the First Script Help Desk, 24 hours a day, 7 days a week, at 1-800-791-2080 to verify employee eligibility, and receive Member ID #. First Script claims are submitted electronically and electronic approval of the claim will be returned.

Pharmacy: You will not be required to submit any paperwork for this claim and payment is guaranteed for all electronically accepted claims.



First Script Help Desk 1-800-791-2080

Pharmacy: At the request of the workers' compensation carrier for this customer, please use the following information to process all workers' compensation prescriptions online.

Employee Name: _____
 Date of Injury: ____/____/____
 SSN: ____-____-____
 Employer Name: _____
 Location Code: UN1329

RX PROGRAM ADMINISTERED BY: **TDI, EHS
 or Caremark**
 GROUP NUMBER: **300117413**
 BIN NUMBER: **610474**
 PCN #: **TDI**
 Member ID: _____

(Above information to be completed by employee or supervisor.)