

»» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 866-499-1903.

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 866-499-1903.

»» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim.

Standard claim limitations include

- Quantity exceeding 150 pills or \$150
- Day supply exceeding 14 days.
- This form is valid for up to 30 days from DOI.
- Please fill generic when possible
- If there are issues adjudicating first fill please call Express Scripts at 866-499-1903.

Pharmacy Processing Steps

Note* Please Contact Express Scripts if this is an HIV medication for Workers Compensation

Step 1: Enter bin number 003858

Step 2: Enter processor control A4

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury
(enter in DOI field in the format YYYYMMDD)

Express Scripts

ID #: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____

MM/DD/YYYY

Group #: KQSA _____

Employee Date of Birth: _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

Employee Information

First M Last

Street Address or PO Box

City State ZIP

Employer Name

Participating Retail Network Pharmacies

A & P	Drug Emporium	Major Value	Schnucks
Acme Pharmacy	Drug Fair	Marsh Drugs	Scolari's
Albertson's	Drug Town	Medic Discount	Sedano
Albertson's/Acme	Drug World	Medicap	Shaw's
Albertson's/Osco	Eckerd	Medistat	Shop 'N Save
Albertson's/Sav-On	Econofoods	Meijer	Shopko
Amerisource Bergen	EPIC Pharmacy	Minyard	ShopRite
Anchor Pharmacies	Network	NCS HealthCare	Snyder
Arrow	FamilyMeds	Neighborcare	Stop & Shop
Aurora	Farm Fresh	Network	Sun Mart
Bartell Drugs	Farmer Jack	Pharmaceuticals	Super Fresh
Bigg's	Food City	Northeast Pharmacy	Super Rx
Bi-Lo	Food Lion	Services	Target
Bi-Mart	Fred's	Osco	Texas Oncology Srvs
BJ's Wholesale Club	Gemmel	P & C Food Markets	The Pharm
Brooks	Giant	Pamida	Thrifty White
Brookshire Brothers	Giant Eagle	Park Nicollet	Times
Brookshire Grocery	Giant Foods	Pathmark	Tom Thumb
Bruno	Hannaford	Pavilions	Tops
Carrs	Harris Teeter	Price Chopper	Ukrop's
Cash Wise	H-E-B	Publix	United Drugs
Coborn's	Hi-School Pharmacy	Quality Markets	United Supermarkets
Costco	Hy-Vee	Raley's	Vons
Cub	Jewel/Osco	Randalls	Waldbaums
CVS	Kash n Karry	Rite Aid	Walgreens
D&W	Keltsch	Rosauers	Wal-Mart
Dahl's	Kerr	Rx Express	Wegmans
Dierbergs	Kmart	RXD	Weis
Discount Drugmart	Knight Drugs	Safeway	Winn Dixie
Doc's Drugs	Kroger	Sam's Club	
Dominicks	LeaderNet (PSAO)	Sav-On	
	Longs Drug Store	Save Mart	

NOTE: This form is not valid in the state of Ohio. For all other states, liability of a workers' compensation claim is not assumed based on the dispensing of medication(s) to a patient.