

# Workers' Compensation Temporary Prescription ID Card

## »» To the Injured Worker:

On your first visit, please give this 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 800.945.5951.

## 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 800.945.5951.

## »» 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 a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

### Pharmacy Processing Steps

- 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 PA field in the format YYYYMMDD)

*For the following States, please utilize the below Group number: VT, NY, MA, RI, CT, PA, DE, MD, DC, VA, KY, NC, TN, SC, GA, AL, FL, MI, IN, IL, WI, MN*

### 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 #: KVNA

Employee Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*For all other States, please utilize the below Group number:*

### 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 #: L7EA

Employee Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

»» **To the Supervisor:** Please fill in the information requested for the injured worker.

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



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