# Occupational Injury Temporary Prescription ID Card



## >>> To the Injured Employee:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved for your work-related injury 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 occupational injury 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 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:		
Group #: L7KA		
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.

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

	Last
ss or PO Box	
State	ZIP
	ess or PO Box State



## **Participating Retail Network Pharmacies**

A & P Drug Emporium Major Value Schnucks Drug Fair Marsh Drugs Scolari's Acme Pharmacy 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 NCS HealthCare Snyder Bergen Network **Anchor Pharmacies** FamilyMeds Neighborcare Stop & Shop Farm Fresh Network Sun Mart Arrow Pharmaceuticals Super Fresh Aurora Farmer Jack **Bartell Drugs** Food City Northeast Super Rx Food Lion **Pharmacy Services Target** Bigg's Bi-Lo Fred's Osco **Texas Oncology** P & C Food Srvs Bi-Mart Gemmel Giant The Pharm BJ's Wholesale Markets Club Giant Eagle Pamida Thrifty White **Brooks** Giant Foods Park Nicollet Times Tom Thumb **Brookshire Brothers** Hannaford Pathmark **Brookshire Grocery** Harris Teeter **Pavilions** Tops H-E-B Price Chopper Ukrop's Bruno 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 Safeway Dierbergs **Knight Drugs** Weis **Discount Drugmart** Kroger Sam's Club Winn Dixie Doc's Drugs LeaderNet (PSAO) Sav-On

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

Longs Drug Store

**Dominicks** 

Save Mart

