



Workers' Compensation First Fill Program



EMPLOYER INSTRUCTIONS:

- SUBMISSION OF THIS FORM ACKNOWLEDGES THAT THE REPORT OF INJURY HAS BEEN FILED WITH THE APPROPRIATE INSURANCE OR TPA COMPANY
- USING THE EXAMPLE BELOW COMPLETE THE TEMPORARY CARD ID

EMPLOYEE INSTRUCTIONS:

- FOR TEMPORARY ENROLLMENT PURPOSES ONLY, THIS FORM MUST BE PRESENTED TO THE LOCAL PHARMACY TO OBTAIN YOUR INITIAL PRESCRIPTION
- FOR QUESTIONS REGARDING YOUR BENEFITS PLAN CONTACT PMOA'S CUSTOMER SERVICE DEPARTMENT AT 1-800-661-1494
- PLEASE NOTE: YOU MAY RECEIVE A PERMANENT RETAIL CARD IN THE MAIL FOR YOUR WORKERS' COMPENSATION INJURY

PHARMACY INSTRUCTIONS:

- USE THE INFORMATION BELOW TO PROCESS THE INITIAL PRESCRIPTIONS
- CONTACT 1-800-661-1494 FOR ANY PRIOR AUTHS OR TO OBTAIN THE PERMANENT MEMBER/GROUP ID FOR FUTURE FILLS

Temporary Work Comp Prescription Card
For PRE-AUTH Assistance call: 800-661-1494

Employer: _____

Name: _____

Date of Injury: _____

ID: _____

SSN + Date of injury (MMDDYY)
(ID Example: 123456789101411)

BIN: 004410 PCN: SCI GROUP: MRMTA

PLAN limit: Max Day Supply 7
Max \$\$ Amount \$150.00

Disclaimer: It is important to note the issue will be determined by the claims department and the confirmation of this treatment/ service request is in no way intended as an endorsement, nor is it intended to interfere with the provider from the duties to adhere to any applicable practice standards.

If you need assistance, please contact the PMOA help desk at: (800) 661-1494