

Workers' Compensation Temporary Prescription ID Card



To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the backside to speed up the 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 myMatrixx Patient Care Contact Center at 800.945.5951.

Atención Trabajador Lesionado:

En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).

Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame al Centro de Contacto para Atención a Clientes de myMatrixx, al 800.945.5951.

To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 7-day supply or a cost of \$150. This form is valid for up to 14 days from date of injury (DOI). Limitations may vary. For assistance, call myMatrixx at 800.945.5951.

Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control WC
- 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

myMatrixx, by Evernorth

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 #: **76KA** _____

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.

Employee Information

First M Last

Street Address or PO Box

City State ZIP



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Following is a partial list of participating pharmacies in the pharmacy network. This pharmacy listing is subject to change without notice. Please call the Customer Service number at **800.945.5951** to locate additional pharmacies.

Participating Retail Network Pharmacies

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