



## Injured Worker's First Fill Prescription Form

Administered by CorVel (800) 563-8438

**Injured Worker's Name:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

**INJURED WORKER INSTRUCTIONS:**

On your first Pharmacy visit, **please give this notice to any pharmacy listed on this insert to expedite the processing of your approved Workers' Compensation prescriptions, based on the parameters established by STATE SELF INSURANCE FUND.** With the CorVel pharmacy program, you do not need to complete any paperwork or claim forms. Simply present this CorVel First Fill Prescription Information Sheet to the pharmacy. You should not incur any costs or co-pays at the pharmacy and you will be allowed up to a **14** day supply of medications.

**PHARMACIST INSTRUCTIONS:**

Please use the BIN, PCN, and RxGroup number below to process an online/electronic claim to CorVel:

<b>CORVEL</b>		<b>CVS CAREMARK</b>
<b>BIN:</b>	<b>004336</b>	
<b>PCN:</b>	<b>ADV</b>	
<b>RxGroup:</b>	<b>RXFFWC268</b>	
<b>Member ID:</b>	<b>See below to generate ID</b>	

**To Generate Member ID:** The Injured Worker's nine digit Social Security Number plus 8 digit Date of Injury will be used as their 17 digit **Member Identification number** when processing their First Fill Prescription: **XXXXXXXXMMDDYYYY**

**\*\*\*Please contact CorVel Pharmacy Solutions at (800) 563-8438 for assistance with claims processing\*\*\***

There are over 70,000 Participating Pharmacies in the CorVel Network. Below is a sample listing. Call (800)563-8438 to locate a Pharmacy near you.

Costco	Hy-Vee	Price Chopper	Target
CVS	Kroger	Rite Aid	Wal-Mart
Dillon's	Medicine Shoppe	Sam's Club	Walgreens

