

Division of Health Care Finance
State Self Insurance Fund
Landon State Office Building
900 SW Jackson, Suite 900 N
Topeka, Kansas 66612-1220



Phone: 785-296-2364
Fax: 785-296-6995
www.kdheks.gov

Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

Workers' Compensation First Fill Prescription Form

Employee Name (First, MI, Last):	
Group #:	10002551
Member ID# (SSN# or State of Kansas Employee ID #):	
Date of Injury (DD/MM/YY):	
Rx BIN:	800004

Day supply is limited to 7 days

Questions? Call the MedTrakRx Help Desk at 1.800.771.4648

Employee Instructions:

Present this First Fill Form from MedTrakRx along with your prescription(s) related to your **workers' compensation claim** to your local network pharmacy. The First Fill Form will allow you to fill approved medications at any of the more than 65,000 retail pharmacies including: Walgreen's, CVS, Dillons, Target, Wal-Mart and thousands of independent pharmacies. This form should only be used for prescriptions related to your workers' compensation claim. To locate a network pharmacy, you may visit www.medtrakrx.com/workcomp or call 1.800.771.4648 for assistance.

There are no costs or co-pays at the pharmacy and your medication will be approved for a 7-day supply according to the guidelines established by the **State Self Insurance Fund**.

If your pharmacy is having difficulty processing your prescription, please have them contact MedTrakRx at **1.800.771.4648** for assistance.

Pharmacy Instructions:

Please process prescription(s) with the following information: Group #10002551, Rx BIN 800004, PCN 008126

For the Member ID#, please use the Injured Worker's social security OR State of Kansas Employee ID #.

This First Fill Form allows for a 7-day supply limit to be dispensed. Please note certain medications are pre-approved for this patient, these medications will process without an authorization. All others will require prior authorization.

For assistance in processing the prescription please contact MedTrakRx at 1.800.771.4648.

MEDTRAKRx

**Member ID: (SSN# or State of Kansas Employee ID #)
Coverage: State of Kansas Workers' Compensation
BIN #: 800004
PCN: 08126**

MedTrakRx Help Desk: 1.800.771.4648