

## MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

### Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.




Most pharmacies and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit [tmesys.com](http://tmesys.com).

### Questions? Need Help?



**1-866-599-5426**



**WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM**

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CARRIER/TPA \_\_\_\_\_ EMPLOYER \_\_\_\_\_

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INJURED WORKER NAME \_\_\_\_\_

Please provide directly to Pharmacist

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SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF INJURY (YYMMDD) \_\_\_\_\_

**Notice to Cardholder:** Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: [tmesys.com](http://tmesys.com).

**Attention Pharmacists:** Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy Help Desk**  
**1-800-964-2531**

	NDC	or	Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	SPCLFF		

**NOTE:** This First Fill card is only valid for your workers' compensation injury or illness.



### Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.


Copy of Worker's Compensation Insurance Card: □


**WORKERS COMPENSATION INSURANCE CARD**

**Employee:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Insurer:** P.A.C.T (Public Agency Compensation Trust)

**What to do if I am injured on the job:**


1. Report immediately to your supervisor.
2. Contact SpecialtyHealth 24/7/365 Nurse Hotline with your supervisor.
3. Complete C-1 form (Incident Report) with your supervisor.
4. See physician, if directed. Take your C-1 and Pharmacy 1st Fill Form with you. Present Worker's Compensation Insurance Card to provider.

  
 Public Agency Compensation Trust

  
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For any potential life threatening emergencies, call 911.

**Group #: C143**

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**Insurer: P.A.C.T (Public Agency Compensation Trust)**

**Worker's Compensation Administrator (TPA):**  
**ASC (Alternative Service Concepts)**  
 639 Isbell Road, #390, Reno, NV 89509  
 (775) 329-1181  
 (775) 329-7418 FAX

**SpecialtyHealth MCO (Mgd Care Organization):**  
 330 E. Liberty St, Suite 200, Reno, NV 89501  
 (775) 398-3624  
 (775) 398-3680 FAX

  
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 Alternative Service Concepts  
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 SpecialtyHealth

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