

»» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed the processing of your approved workers' compensation prescriptions.

Questions or need assistance locating a participating retail network pharmacy? Call the myMatrixx, an Express Scripts Company Customer Care at 877.804.4900.

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 a la Atención a Clientes en myMatrixx, una compañía de Express Scripts, al 877-804-4900.

»» To the Pharmacist:

myMatrixx, an Express Scripts Company administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or a cost of \$150. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call myMatrixx, an Express Scripts Company Customer Care at 877.804.4900.

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

Express Scripts

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 #: 23568

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

Employer Name

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

