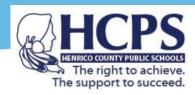


Workers' Compensation Temporary Prescription ID Card





>>> To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed 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 Express Scripts Patient Care Contact Center at 800.945.5951.

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

>>> To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control A4

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 (enter in DOI field in the format YYYYMMDD)

Express Scripts				
ID #:				
	orary ID number; present to the pharmacy at the ed. You will receive a new ID number shortly.			
Date of Injury:	// MM/DD/YYYY			
Group #: M5L202	21			
Employee Date of Bi	irth:/			

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 re	auested f	or the iniured	d worker.
Employee Informa	ation		
First		Last	
	Street Addres	s or PO Box	
City		State	ZIP

Employer Name

County of Henrico Schools



Participating Retail Network Pharmacies

CENTER

SAFEWAY PHARMACY

WEIS PHARMACY

ACCREDO HEALTH GROUP GIANT DISCOUNT DRUG RICHMOND TREATMENT

BECKLEY ARH PHARMACY GIANT EAGLE
RITE AID

BLOOM PHARMACY GIANT PHARMACY

BOARDWATER DRUG BY HARRIS TETTER PHARMACY

RX SERVICE

HOME CARE PHARMACY
CAREPOINT PARTNERS
SAMS

WAGS

JEFFERSON URGENT CARE
CONTINUUMCARE SAM'S CLUB

PHARMACY

KAISER PERMANENTE PHCY

SHOPPERS PHARMACY

KMART PHARMACY

COSTCO SHOPPERS PHARMACY #978

CRITICAL CARE SYSTEMS

KROGER PHARMACY

STERLING AUTOMATED

CVS MARTINS PHARMACY REFILL CNTR

DULLES URGENT CARE MARTIN'S PHARMACY TARGET PHARMACY

CENTER NEIGHBORCARE PHARMACY UKROP'S PHARMACY

EMERGENCY PHYS PATIENT FIRST WALGREEN'S

PHARMERICA WAL-MART ER PHYSICIANS IMMEDIATE

TRTMNT CNTR

CARE PROGRESS PHARMACY WEGMANS FOOD MARKETS SERVICES

EXTENDED CARE ASSOCIATES WEGMANS PHARMACY

RICHMOND SOUTHSIDE

FARM FRESH PHARMACY

TOTALANT COLTR

AMELS BLADMACY

FOOD LION PHARMACY WILLIAMSONS PHARMACY