

First Fill Information

BerkleyNet

Employer:

Immediately upon receiving notice of injury, fill in the information below and give it to your injured employee.

Injured Worker:

1. If you need a prescription filled for a work-related injury or illness, go to an Optum[®] participating network pharmacy.
2. Give this page to the pharmacist.
3. The pharmacist will fill your prescription at no cost.

ATTENTION INJURED WORKER

Use of this prescription form is restricted to prescriptions for your allowed condition only. To receive your medication coverage, present this form to a network pharmacy. This is for a one time prescription fill. If you require additional prescriptions, a permanent card will be mailed to you. For questions, call Optum at **1-800-547-3330**.

Pharmacist:

1. Please process this prescription through OptumRx.
2. For questions regarding transmission, rejections or if you encounter any problems processing this prescription, please call Optum at **1-800-547-3330**.

First Fill Form: Complete and take to your pharmacy

RxBin #: 610011 RxPCN: IRX Group Number: B31413

Member ID:

Member ID is month and year of injury plus last 4 digits of claimant's SSN number (e.g., MMYYYYSSSS)

Member Name:

Injured worker's first & last name

Employer Name:

Pharmacy Help Desk:

Date of Injury:

1-800-547-3330

The following entities comprise the Optum Workers Compensation and Auto No-Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc., dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; PMSI Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services and dba Optum Workers Compensation Services, collectively and individually referred as "Optum."
IMP14-1714-90

Información de First Fill

BerkleyNet

Empleador:

Inmediatamente después de recibir el aviso de lesión, llene la información de abajo y entréguele el formulario a su empleado lesionado.

Trabajador lesionado:

1. Si usted necesita un medicamento con prescripción para una lesión o enfermedad relacionadas con el trabajo, vaya a una farmacia participante de la red de Optum[®].
2. Déle esta página al farmacéutico.
3. El farmacéutico le dará su medicamento con prescripción sin costo.

ATENCIÓN TRABAJADOR LESIONADO

El uso de este formulario para medicamentos con prescripción sólo se limita a los medicamentos con prescripción para su condición permitida. Para recibir su cobertura de medicamentos, presente este formulario en una farmacia de la red. Esto es para una sola adquisición de un medicamento con prescripción. Si necesita medicamentos adicionales con prescripción, se le enviará por correo una tarjeta permanente. Si tiene preguntas, llame a Optum al **1-800-547-3330**.

Pharmacist:

1. Please process this prescription through OptumRx.
2. For questions regarding transmission, rejections or if you encounter any problems processing this prescription, please call Optum at **1-800-547-3330**.

Formulario de First Fill: Llénelo y llévelo a su farmacia

RxBin #: 610011 RxPCN: IRX Group Number: B31413

Identificación del miembro:

Attention Pharmacist: Member ID is month and year of injury plus last 4 digits of claimant's SSN number (e.g., MMYYYYSSSS)

Nombre del miembro:

Nombre y apellido del trabajador lesionado

Nombre del empleador:

Pharmacy Help Desk:

Fecha de la lesión:

1-800-547-3330

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