

# FIRST SCRIPT<sup>®</sup>

## EMPLOYEE INFORMATION FORM

### TEMPORARY CARD

#### PRESCRIPTION PROGRAM FOR WORK-RELATED INJURIES

##### Injured Worker:

**No Cost**

- STEP 1** Complete the information requested in the bottom portion below
- STEP 2** Present this form to your pharmacist along with the prescriptions for your work-related injury.

**No Delay**

First Script is available at over 68,000 pharmacies nationwide. To locate a nearby pharmacy, please call First Script Customer Service at 1-800-791-2080.

**Feel Better  
Faster**

Please note that First Script is valid only for medications prescribed to treat your compensable work-related injury. You or your group health insurer, are financially responsible for any other prescriptions. The workers' compensation carrier will determine the compensability of the claim.

#### Pharmacy Instructions

Injured Worker's employer participates in the First Script pharmacy benefit program. Call the First Script Help Desk, 24 hours a day, 7 days a week, at 1-800-791-2080 to verify employee eligibility, and receive Member ID and billing information. First Script claims are submitted electronically and electronic approval of the claim will be returned.

*Pharmacy: You will not be required to submit any paperwork for this claim and payment is guaranteed for all electronically accepted claims.*

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Pharmacy: At the request of the workers' compensation carrier for this customer, please use the following information to process all workers' compensation prescriptions online.

Name: \_\_\_\_\_

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN: \_\_\_\_\_

Employer Name: **City of Buffalo – Fire**

Location Code: **Fire**

*(Above information to be completed by injured worker or Supervisor)*

RX PROGRAM ADMINISTERED BY: **Medco/ESI**

GROUP NUMBER: **FSNCVTY**

BIN NUMBER: **610014**

Member ID: \_\_\_\_\_