

## Vanderburgh County First Fill Program

### EMPLOYER INSTRUCTIONS:

- SUBMISSION OF THIS FORM ACKNOWLEDGES THAT THE REPORT OF INJURY HAS BEEN FILED WITH THE APPROPRIATE INSURANCE OR TPA
- USING THE EXAMPLE BELOW COMPLETE THE TEMPORARY CARD ID

### EMPLOYEE INSTRUCTIONS:

- FOR TEMPORARY ENROLLMENT PURPOSES ONLY, THIS FORM MUST BE PRESENTED TO THE LOCAL PHARMACY TO OBTAIN YOUR INITIAL PRESCRIPTION
- FOR QUESTIONS REGARDING YOUR BENEFITS PLAN CONTACT PMOA'S CUSTOMER SERVICE DEPARTMENT AT **1-800-661-1494**
- PLEASE NOTE: YOU MAY RECEIVE A PERMANENT RETAIL CARD IN THE MAIL FOR YOUR WORKERS' COMPENSATION INJURY

### PHARMACY INSTRUCTIONS:

- USE THE INFORMATION BELOW TO PROCESS THE INITIAL PRESCRIPTIONS
- CONTACT **1-800-661-1494** FOR ANY PRIOR AUTHS OR TO OBTAIN THE PERMANENT MEMBER/GROUP ID FOR FUTURE FILLS

**Temporary Work Comp Prescription Card**  
For PRE-AUTH Assistance call: 800-661-1494

Employer: \_\_\_\_\_ STATE \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_  
ID: \_\_\_\_\_  
SSN + Date of injury (MMDDYY)  
(ID Example: 123456789101411)

**BIN: 004410 PCN: SCI GROUP: ASC52A**

PLAN limit: Max Day Supply 14  
Max \$\$ Amount \$150.00

Disclaimer: It is important to note the issue will be determined by the claims department and the confirmation of this treatment/ service request is in no way intended as an endorsement, nor is it intended to interfere with the provider from the duties to adhere to any applicable practice standards.