



Workers' Compensation First Fill Program



THE UNIVERSITY of TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

EMPLOYER INSTRUCTIONS:

- SUBMISSION OF THIS FORM ACKNOWLEDGES THAT THE REPORT OF INJURY HAS BEEN FILED
- USING THE EXAMPLE BELOW COMPLETE THE TEMPORARY CARD ID AND PROVIDE TO INJURED EMPLOYEE

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 BENEFIT PLAN CONTACT PMOA'S CUSTOMER SERVICE DEPARTMENT AT **1-877-232-6520**
- PLEASE NOTE: YOU WILL 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 PRIOR-AUTH Assistance call: **800-661-1494**

Employer: _____

Name: _____

Date of Injury: _____

ID: _____

CCMSI + Last 4 SSN + Date of injury(MMDDYY)
(ID Example: CCMSI1234101411)

BIN: 004410 PCN: SCI GROUP: T01A

PRESENT THIS FORM TO THE LOCAL PHARMACY TO OBTAIN YOUR INITIAL PRESCRIPTION. COMMON PARTICIPATING PHARMACIES (INCLUDING, BUT NOT LIMITED TO):

WALMART	KROGER	CVS	KROGER	TOM THUMB	KMART
PHAR-MOR	WINN-DIXIE	WALGREENS	RANDALLS	UNITED DRUGS	TARGET
SAM'S CLUB	SOUTHWEST	HEB	MED-RITE	ALBERTSON'S	BROOKSHIRE BROTHER'S
SAFEWAY					

TO LOCATE A PHARMACY NEARBY, USE OUR "PHARMACY LOCATOR" AT WWW.PMOAINC.COM OR CALL 1-877-232-6520

Disclaimer: It is important to note that compensability 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.

If you need assistance, please contact the PMOA help desk at: **(877) 232-6520**



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EMPLEADOR:

SUMISIÓN DE ESTA FORMA RECONOCE QUE EL REPORTE DE UN ACCIDENTE HA SIDO ESTABLECIDO

EMPLEADOS:

ESTA FORMA TIENE QUE PRESENTARSE A SU FARMACIA LOCAL PARA INICIAR EL RECIBO DE SUS MEDICINAS. SI USTED TIENE PREGUNTAS O NECESITA AYUDA PARA LOCALIZAR UNA FARMACIA PARTICIPADORA, POR FAVOR LLAMA A PMOA **AL 877-232-6520 ext. 6463.**

“ ATENCION FARMACIA ”

POR FAVOR USE LA SIGUIENTE INFORMACION PARA SU RECLAMA, SI TIENE PREGUNTAS O PROBLEMAS POR FAVOR LLAMAR A PMOA **AL 800-661-1494**

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For PRIOR-AUTH Assistance call: 800-661-1494

Employer: _____

Name: _____

Date of Injury: _____

ID: _____

CCMSI + Last 4 of SSN + Date of injury (MMDDYY)
(ID Example: CCMSI1234101411)

BIN: 004410 PCN: SCI GROUP: T01A

PRESENTE ESTE FORMULARIO A LA FARMACIA LOCAL PARA OBTENER SU PRESCRIPCION INICIAL. ALGUNAS DE LAS FARMACIAS PARTICIPANTES SON:

WALMART	KROGER	CVS	KROGER	TOM THUMB	KMART
PHAR-MOR	WINN-DIXIE	WALGREENS	RANDALLS	UNITED DRUGS	TARGET
SAM'S CLUB	SOUTHWEST	HEB	MED-RITE	ALBERTSON'S	BROOKSHIRE BROTHER'S
SAFEWAY					

PARA LOCALIZAR UNA FARMACIA CERCA, USAR NUESTRO "PHARMACY LOCATOR" EN WWW.PMOAINC.COM O LLAMAR 1-877-232-6520 ext. 6463

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