

VACORP

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 #: | 5/7 |
| | porary ID number; present to the pharmacy at the illed. You will receive a new ID number shortly. |
| Date of Injury: | // MM/DD/YYYY |
| Group #:M5L20 | 017 |
| Employee Date of E | Birth:/ |

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 | requested for the injured worker. |

| First | M | Last | |
|-------|----------------|-------------|--|
| | Street Address | s or PO Box | |
| | | | |



articipating Retail Network Pharmacies

ACCREDO HEALTH GROUP

BECKLEY ARH PHARMACY

BLOOM PHARMACY

BOARDWATER DRUG BY

WAGS

CAREPOINT PARTNERS

CONTINUUMCARE

PHARMACY

COSTCO

CRITICAL CARE SYSTEMS

CVS

DULLES URGENT CARE

CENTER

EMERGENCY PHYS

IMMEDIATE CARE

ER PHYSICIANS IMMEDIATE

CARE

EXTENDED CARE ASSOCIATES

FARM FRESH PHARMACY

FOOD LION PHARMACY

GIANT DISCOUNT DRUG

GIANT EAGLE

GIANT PHARMACY

HARRIS TETTER PHARMACY

HOME CARE PHARMACY

JEFFERSON URGENT CARE

KAISER PERMANENTE PHCY

KMART PHARMACY

KROGER PHARMACY

MARTINS PHARMACY

MARTIN'S PHARMACY

NEIGHBORCARE PHARMACY

PATIENT FIRST

PHARMERICA

PROGRESS PHARMACY

SERVICES

RICHMOND SOUTHSIDE

TRTMNT CNTR

RICHMOND TREATMENT

CENTER

RITE AID

RX SERVICE

SAFEWAY PHARMACY

SAMS

SAM'S CLUB

SHOPPERS PHARMACY

SHOPPERS PHARMACY #978

STERLING AUTOMATED

REFILL CNTR

TARGET PHARMACY

UKROP'S PHARMACY

WALGREEN'S

WAL-MART

WEGMANS FOOD MARKETS

WEGMANS PHARMACY

WEIS PHARMACY

WILLIAMSONS PHARMACY