



**Optum** PO Box 152539 Tampa, FL 33684-2539

## AMTrust Insurance Company PO Box 89453 Cleveland, OH 44101 Policy #TWC4644391 888-239-3909

### MAKING IT EASY...

TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

#### **Injured Employee:**



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.

=+ 77 If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.

# Questions? Need Help?

Rx

Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

	Amitrust North America An Amitrust Frendal Company
WORKERS' COMPENSATIO	N PRESCRIPTION DRUG PROGRAM
CARRIER/TPA	EMPLOYER
INJURED WORKER NAME	
Please provide directly to Pharma	acist
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)
Notice to Cardholder: Present this car your work-related injury. To locate a	rd to the pharmacy to receive medication for pharmacy: tmesys.com.

the date of injury and SSN combined as follows: YYMMDD123456789 Tmesys is the designated PBM for this patient. **Tmesys Pharmacy Help Desk** 1-800-964-2531 NDC Envoy **RxBIN** 004261 or 002538 **RxPCN** CAL or Envoy Acct. # FF GROUP

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.

## **Employer:** Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

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; Settlement Solutions; LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."

