# Mitchell ScriptAdvisor





### Workers' Compensation FIRST FILL - Temporary Prescription Card

**Mitchell ScriptAdvisor** has been selected by **LUBA FHM** to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply **present it at the pharmacy** at the time your prescription is filled. This form should ensure that you will have NO out-of-pocket expenses when you fill your first prescription. Please Note: This is a temporary prescription card, you may receive a permanent drug card in the future.

For your convenience, **Mitchell ScriptAdvisor** has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number at 866.846.9279 or visit our website at <a href="https://www.mitchellscriptadvisor.com">www.mitchellscriptadvisor.com</a> to access the pharmacy locator.



#### **Employee**

• You may contact Mitchell Customer Service at (866) 846-9279 or you may present this sheet to the pharmacist along with your prescription.



#### **Pharmacy**

- This sheet is a Temporary Prescription ID Card for a **14** Days' Supply Fill until this individual's permanent card can be provided.
- Create the ID number based off the criteria provided and write it, along with individual's name, on the ID card below.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

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#### Temporary Prescription Benefit Card

Attention Pharmacists: Process through Script Care and

Enter RxBIN, RxPCN and GROUP.

Member Name:

Member ID #:

Date of Injury + Date of Birth (Example: MMDDYYMMDDYY)

 Rx BIN:
 023377

 PCN:
 MPS

Group: 001678TC



## Questions? Contact us at 866.846.9279



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