

## PRESCRIPTION PROGRAM FOR WORK-RELATED INJURIES

### Injured Worker

- |                            |  |
|----------------------------|--|
| <b>No Cost</b>             | <p><b>STEP 1</b> Complete the information requested in the claim section below.</p> <p><b>STEP 2</b> Present this form to your pharmacist along with the prescriptions for your work-related injury.</p>   |
| <b>No Delay</b>            | <p>Montgomery County Self-Insurance Program has partnered with CorVel for pharmacy services. CorVel's network of pharmacies has over 65,000 participating pharmacies.</p>  |
| <b>Multiple Pharmacies</b> | <p>Participating pharmacies include CVS, CostCo Pharmacy, Giant Food Stores LLS, Rite Aid Pharmacy, Target Pharmacy, Walgreens Pharmacy, and Wal-Mart Pharmacy. <b>For a complete listing of participating locations nearest to you, call CorVel Pharmacy Solutions at (800) 563-8438.</b></p> <p>Your prescription benefits through CorVel are valid only for medications prescribed to treat your work-related injury.</p> |

### Pharmacy Instructions

Members of the Montgomery County Self Insurance Program participate in CorVel's pharmacy benefit program. **Please use processing information provided below to submit claims. If you encounter any issues processing claims please contact CorVel Pharmacy Solutions at (800) 563-8438.**

*Pharmacy: You will not be required to submit any paperwork for this claim and payment is guaranteed for all electronically accepted claims.*



Please use the following information to process all workers' compensation prescriptions online. **In processing this information, the Claimant will be permitted to get up to a 14-day supply of medication(s) related to their work-related injury.**

Name: \_\_\_\_\_  
 Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Program Name: Montgomery County Self-Insurance Program (MCSIP)  
 (Above information to be completed by injured worker or Supervisor)

BIN NUMBER: **004336**  
 PCN: **ADV**  
 RX GROUP: **RXFFWC759**  
 Member ID: \_\_\_\_\_  
 (Social Security Number + 8-digit Date of Injury)  
 Example 123-45-6789+12/25/2012 = 12345678912252012)