

PRESCRIPTION PROGRAM FOR WORK-RELATED INJURIES

Injured Worker

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

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: _____	BIN NUMBER: 004336
Date of Injury: ____/____/____	PCN: ADV
SSN: _____-_____-_____	RX GROUP: RXFFWC759
Agency Name: _____	Member ID: _____
Program Name: Montgomery County Self-Insurance Program (MCSIP)	<i>(Social Security Number + 8-digit Date of Injury)</i>
<i>(Above information to be completed by injured worker or Supervisor)</i>	<i>Example 123-45-6789+12/25/2012 = 12345678912252012)</i>