



Workers' Compensation First Fill Prescription Form

Employee Name (First, MI, Last):	
Group #:	10002551
Member ID# (SSN# or State of Kansas Employee ID #):	
Date of Injury (DD/MM/YY):	
Rx BIN:	800004

Day supply is limited to 7 days
Questions? Call the MedTrakRx Help Desk at 1.800.771.4648

Employee Instructions:

Present this First Fill Form from MedTrakRx along with your prescription(s) related to your **workers' compensation claim** to your local network pharmacy. The First Fill Form will allow you to fill approved medications at any of the more than 65,000 retail pharmacies including: Walgreen's, CVS, Dillons, Target, Wal-Mart and thousands of independent pharmacies. This form should only be used for prescriptions related to your workers' compensation claim. To locate a network pharmacy, you may visit www.medtrakrx.com/workcomp or call 1.800.771.4648 for assistance.

There are no costs or co-pays at the pharmacy and your medication will be approved for a 7-day supply according to the guidelines established by the **State Self Insurance Fund**.

If your pharmacy is having difficulty processing your prescription, please have them contact MedTrakRx at **1.800.771.4648** for assistance.

Pharmacy Instructions:

Please process prescription(s) with the following information: Group #10002551, Rx BIN 800004, PCN 008126

For the Member ID#, please use the Injured Worker's social security OR State of Kansas Employee ID #.

This First Fill Form allows for a 7-day supply limit to be dispensed. Please note certain medications are pre-approved for this patient, these medications will process without an authorization. All others will require prior authorization.

For assistance in processing the prescription please contact MedTrakRx at 1.800.771.4648.

MEDTRAKRx Member ID: (SSN# or State of Kansas Employee ID #) Coverage: State of Kansas Workers' Compensation BIN #: 800004 PCN: 08126 MedTrakRx Help Desk: 1.800.771.4648
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