

pharmacy listed on the back side to speed processing your approved (based on the guidelines established by your employer). Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at **(800) 945-5951**.

To the Pharmacist:

compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at **(888) 786-9640**.

Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control A4
- Step 3: Enter the group number as it appears above
- Step 4: _____ -digit ID number

(enter in DOI field in the format YYYYMMDD)

To the Supervisor: Please fill in the information requested for the injured worker.

Employer Name

