

First Fill – Temporary Prescription Card Azusa Unified School District

Dear Injured Worker,

Mitchell ScriptAdvisor has been selected by Alliance Schools for Cooperative Insurance Programs 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 **fill in the form below** and 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.

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 or visit our website at www.ipsusa.com use the pharmacy locator.

EMPLOYEES

- Please contact Customer Service at 866.846.9279 to request **activation of your Temporary Prescription ID**.
- Fill in the ID number supplied by Mitchell Customer Service along with your name on the ID card below.
- Present this sheet to the pharmacist along with your prescription.

Querido trabajador lesionado,

Mitchell ScriptAdvisor ha sido seleccionado por Alliance Schools for Cooperative Insurance Programs para asistirle a obtener medicamentos recetados relacionados con su reclamación de compensación de trabajadores. Esta forma le permitira llenar las prescripciones escritas por su médico autorizado de compensación al trabajador, para los medicamentos relacionados con su lesión. Simplemente **llene la forma siguiente** y presentela a la farmacia en el momento de que vaya a llenar su prescripción. Esta forma asegurará de que usted NO tenga gastos de su bolsillo cuando llene su primera prescripción.

Para su conveniencia, Mitchell ScriptAdvisor tiene una extensa red de farmacias, incluyendo las principales cadenas de farmacias. Para localizaciones de la farmacia, puede llamar a nuestro número gratuito o visite nuestra página de web www.ipsusa.com y utilice el localizador de farmacia.

EMPLEADOS

- Porfavor comuníquese con el Servicio al Cliente al 866.846.9279 y **solicite activar su ID**.
- Llene el número de identificación suministrado por el Servicio al Cliente de Mitchell junto con su nombre en la tarjeta de identificación localizada a continuación.
- Presente esta hoja al farmacéutico junto con su receta.

Please complete this form and take to your pharmacy



RxBin#: 004410

RxPCN: SCL (no group number required)

Member ID # _____

Member Name: _____

Date of Injury: _____

Pharmacy Help Desk: **866.846.9279**



PHARMACY: This Temporary Prescription ID Card is good

for a **10 Days' Supply Fill** until this individual's permanent card

can be provided.

PLEASE NOTE: This form allows you to fill your initial prescriptions with a maximum cost of \$150 per prescription and no more than a 10-day supply per prescription. Once your claim has been reviewed, you will be sent a new card in the mail. If you do not receive the pharmacy card, please call 866.846.9279.

Mitchell ScriptAdvisor can only be utilized for approved medications prescribed to treat your worker's comp related injury. You will be financially responsible for any prescriptions filled that are not related to your specific injury/claim.

