

# Injured Worker Pharmacy Coupon

Missouri Employers Mutual and Previsor Insurance make it possible for injured workers to obtain necessary medicine(s) without incurring out-of-pocket expenses. This coupon is valid for **only** the **first fill** of prescriptions required due to a workplace injury. It is only authorized for the injured worker referenced on this coupon and is non-transferable.

## Injured Worker Information

- This is a workers compensation claim.
- Insurance carrier: Missouri Employers Mutual/Previsor Insurance
- Employer name: \_\_\_\_\_
- Date of injury: \_\_\_\_\_
- Date of birth: \_\_\_\_\_
- SSN: \_\_\_\_\_

## Pharmacy Instructions

This program guarantees payment for **only** the **first fill** of the prescription up to 10 days. Please confirm the injured worker has notified their employer so a pharmacy card may be issued for subsequent prescriptions.

## Member ID

- To generate the Member ID for the first fill of the prescription, use the injured worker's 9-digit SSN plus 8-digit date of injury as their 17-digit member identification number: XXXXXXXXXXXMMDDYYYY
- BIN NO: 004336
- RX PCN: ADV
- RX Group No: RXFFWC225

## Future Prescriptions

- If the injured worker does not present a MEM or Previsor Insurance pharmacy card, confirm eligibility by calling 1.800.442.0593.
- Consult with treating physicians to address perceived inadequacies or excesses of care.

## Claim Processing

- For claim processing assistance, contact CorVel Pharmacy Solutions at 1.800.563.8438.



 [previsorinsurance.com](http://previsorinsurance.com) | [mem-ins.com](http://mem-ins.com)

 1.800.442.0593