

Prescription Benefits Information For Your Workers' Compensation Claim

Welcome to SmithRx.

Your employer's workers compensation carrier has chosen SmithRx to provide pharmacy benefits for their injured workers. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy.



What do I need to do?

If you need a prescription filled for a work-related injury or illness, visit an in-network pharmacy and provide this card to the pharmacist. The pharmacist will fill your prescription at no cost to you.



May I fill prescriptions at my usual pharmacy?

Most pharmacies, including all major chains, are included in this network. To find or inquire about a network pharmacy and whether your preferred pharmacy is included, please call **(844) 414-0701**.



Is this my permanent card?

This card is valid for one-time use. You have 7 days from the date your injury was reported to utilize this card. If your workers' compensation claim is accepted, you will receive a permanent pharmacy card in the mail. Once you receive it, please use the permanent card going forward.

Your Temporary Pharmacy Benefits Card



SmithRx is the designated PBM for this patient

Employer: _____

First Name: _____ Last Name: _____

Social Security Number: *Please provide directly to Pharmacist* _____

Date of Injury: _____

Note to Cardholder:
 Present this card to the pharmacy to receive medication for your work related injury

Note to Pharmacists:
 ENTER RxBIN, RxPCN, and GROUP

MEMBER ID # FORMAT IS DATE OF INJURY
 AND SSN COMBINED AS FOLLOWS:
 YYMMDD123456789

IF NO SSN, ALL 9s CAN BE USED

Pharmacist Support
844-414-0703

Rx Bin **019025**
 Rx PCN **8001002**
 Rx Group **BNETFF**

Note: Your use of this workers compensation pharmacy benefits card is limited to those prescriptions medically related to a workers compensation injury (covered under applicable state workers compensation regulations).

Questions? Call 844-414-0701

Bienvenido a SmithRx.

Su empleador nos ha elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales. Más adelante incluiremos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local.

Empleado lesionado:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia en nuestra red. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica sin costo alguno.



Esta tarjeta es válida para un solo uso. Tiene 7 días a partir de la fecha de la lesión para utilizar esta tarjeta.



Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Puede utilizar esta tarjeta para futuras recetas médicas por lesiones o enfermedades relacionadas con el trabajo.



La mayoría de farmacias, incluyendo todas las grandes cadenas de farmacias, forman parte de nuestra red. Para encontrar una farmacia en nuestra red, llame al **(844) 414-0701**.

¿Tiene Preguntas?

Si tiene alguna pregunta, llame al **(844) 414-0701** (también se encuentra en la parte posterior de su tarjeta de identificación).



Employer: _____
First Name: _____ Last Name: _____
Social Security Number: [Please provide directly to Pharmacist](#)
Date of Injury: _____

Note to Cardholder:
Present this card to the pharmacy to receive medication for your work related injury

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