

»» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed the processing your approved work-related injury prescriptions.

Questions or need assistance locating a participating retail network pharmacy? Call the myMatrixx, an Express Scripts Company Customer Care Center at 877.804.4900.

Atencion Trabajador Lesionado:

En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).

Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame a la Atención a Clientes en myMatrixx, una compañía de Express Scripts, al 877-804-4900.

ID#: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____
MM/DD/YYYY

Group #: L4BA _____

Employee Date of Birth: _____
MM/DD/YYYY

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

»» To the Pharmacist:

myMatrixx, an Express Scripts Company administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or a cost of \$300. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call myMatrixx, an Express Scripts Company Customer Care at 877.804.4900.

Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control WC
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury

»» To the Supervisor:

Please fill in the information requested for the injured worker.

Employee Information

First M Last

Street Address or PO Box

City State ZIP

Employer Name



Participating Retail Network Pharmacies



A & P	Drug Emporium	Medic Discount	Scolari's
Acme Pharmacy	Drug Fair	Medicap	Sedano
Albertson's	Drug Town	Medistat	Shaw's
Albertson's/Acme	Drug World	Meijer	Shop 'N Save
Albertson's/Osco	Eckerd	Minyard	Shopko
Albertson's/Sav-On	Econofoods	NCS HealthCare	ShopRite
Amerisource Bergen	EPIC Pharmacy	Neighborcare	Snyder
Anchor Pharmacies	Network	Network	Stop & Shop
Arrow	FamilyMeds	Pharmaceuticals	Sun Mart
Aurora	Farm Fresh	Northeast Pharmacy	Super Fresh
Bartell Drugs	Farmer Jack	Services	Super Rx
Bigg's	Food City	Osco	Target
Bi-Lo	Food Lion	P & C Food Markets	Texas Oncology Svcs
Bi-Mart	Gemmel	Pamida	The Pharm
BJ's Wholesale Club	Giant	Park Nicollet	Thrifty White
Brooks	Giant Eagle	Pathmark	Times
Brookshire Brothers	Giant Foods	Pavilions	Tom Thumb
Brookshire Grocery	Hannaford	Price Chopper	Tops
Bruno	H-E-B	Publix	Ukrop's
Carrs	Hi-School Pharmacy	Quality Markets	United Drugs
Cash Wise	Hy-Vee	Raley's	United Supermarkets
Coborn's	Jewel/Osco	Randalls	Vons
Costco	Kash n Karry	Rite Aid	Waldbaums
Cub	Keltsch	Rosauers	Walgreens
CVS	Kerr	Rx Express	Wal-Mart
D&W	Kmart	RXD	Wegmans
Dahl's	Knight Drugs	Safeway	Weis
Dierbergs	LeaderNet (PSAO)	Sam's Club	Winn Dixie
Discount Drugmart	Longs Drug Store	Sav-On	
Doc's Drugs	Major Value	Save Mart	
Dominicks	Marsh Drugs	Schnucks	