



## Injured Worker's First Fill Prescription Form

Administered by CorVel (800) 563-8438

**Injured Worker's Name:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

**INJURED WORKER INSTRUCTIONS:**

On your first Pharmacy visit, **please give this notice to any pharmacy listed on this insert to expedite the processing of your approved workers' compensation prescriptions, based on the parameters established by MISSISSIPPI SCHOOL BOARDS ASSOCIATION.** With the CorVel pharmacy program, you do not need to complete any paperwork or claim forms. Simply present this CorVel First Fill Prescription Form to the pharmacy. You should not incur any costs or co-pays at the pharmacy and you will be allowed up to a **14** day supply of medications.

**PHARMACIST INSTRUCTIONS:**

Please use the BIN, PCN, and RxGroup number below to process an online/electronic claim to CorVel:

**CORVEL**
**CVS  
CAREMARK**

  

**BIN:               004336**  
**PCN:               ADV**  
**RxGroup:       RXFFWC604**  
**Member ID:     See below to generate ID**

**To Generate Member ID:** The Injured Worker's 9 digit Social Security Number plus 8 digit Date of Injury will be used as their 17 digit **Member Identification number** when processing their First Fill Prescription: **XXXXXXXXMMDDYYYY**

\*\*\*Please contact CorVel **Pharmacy Department** at (800) 563-8438 for assistance with claims processing\*\*\*

There are over 65,000 Participating Pharmacies in the CorVel Network. Below is a sample listing. Call (800) 563-8438 for a participating pharmacy near you.

CostCo Pharmacy	H.E.B. Pharmacies	Meijer Pharmacy	Smith's Food & Drug Centers
CVS	Hy-Vee Pharmacy	Publix Pharmacy	Target Pharmacy
Dominick's Finer Foods	Ingles Pharmacy	Raley's Drug Center	Von's Pharmacy
Drug Mart	Kroger Pharmacy	Rite Aid Pharmacy	Wal-Mart Pharmacy
Fred's Pharmacy	Longs Drug Store	Safeway Pharmacy	Walgreens Pharmacy
Giant Eagle Pharmacy	Marc's Pharmacy	Sav-On Drug Store	Wegman Pharmacy
Giant Food Stores, LLC	Medicine Shoppe	Shoprite Supermarkets	Winn Dixie Pharmacy



Mississippi School Boards Association



**WC Pharmacy First Fill Form**  
**Employee Distribution Instructions**

1. Employee's Supervisor or Risk Management Department should provide the First Fill Form to the injured worker upon notification of a work related injury.
2. The injured employee presents this form to the pharmacy at the time of the first fill for work related injury prescription.
3. If you have any questions, contact CorVel Pharmacy Solutions at (800) 563-8438.