EMPLOYER INSTRUCTIONS:
• Submission of this form acknowledges that the report of injury has been filed.
• Using the example below, complete the temporary ID Card and provide to the injured employee.

EMPLOYEE INSTRUCTIONS:
• For purposes of temporary enrollment only, this form must be presented to a local pharmacy to obtain your initial prescription (First fill).
• For questions regarding your benefit plan, contact the Mitchell’s customer service department at (877) 232-6520.
• Please note: You will receive a permanent retail prescription card in the mail for your Workers’ Compensation injury.

PHARMACY INSTRUCTIONS:
• Use the information provided below to process the initial prescriptions.
• Contact (877) 232-6520 for information regarding prior authorizations or to obtain the permanent Member/Group ID for future fills.

Temporary Work Comp Prescription Card
For PRIOR-AUTH Assistance call: (877) 232-6520

Employer: ________________________________
Name: ________________________________
Date of Injury: ________________________________
ID: ________________________________

Date of injury (MMDDYY)+Date of Birth (MMDDYY)

(ID Example: MMDDYMMDDYY)

BIN: 019082 PCN: MPS GROUP: MPS001150TC

PRESENT THIS FORM TO THE LOCAL PHARMACY TO OBTAIN YOUR INITIAL PRESCRIPTION.
COMMON PARTICIPATING PHARMACIES (INCLUDING, BUT NOT LIMITED TO):

WALMART  KROGER  CVS  SAFeway  TOM THUMB  KMART
PHAR-MOR  WINN-DIXIE  WALGREENS  RANDALLS  UNITED DRUGS  TARGET
SAM’S CLUB  SOUTHWEST  HEB  MED-RITE  ALBERTSON’S  BROOKSHIRE BROTHER’S

TO LOCATE A PHARMACY NEARBY, CALL 877-232-6520 or visit
https://www.mitchell.com/products-services/pharmacy-solutions/scriptadvisor

Disclaimer: It is important to note that compensability will be determined by the claims department and the confirmation of this treatment/service request is in no way intended as an endorsement, nor is it intended to interfere with the provider from the duties to adhere to any applicable practice standards.