

First Fill Information

Key Risk

Employer:

Immediately upon receiving notice of injury, fill in the information below and give it to your injured employee.

Injured Worker:

1. If you need a prescription filled for a work-related injury or illness, go to an Optum® participating network pharmacy.
2. Give this page to the pharmacist.
3. The pharmacist will fill your prescription at no cost.

ATTENTION INJURED WORKER

Use of this prescription form is restricted to prescriptions for your allowed condition only. To receive your medication coverage, present this form to a network pharmacy. This is for a one time prescription fill. If you require additional prescriptions, a permanent card will be mailed to you. For questions, call Optum at **1-800-547-3330**.

Pharmacist:

1. Please process this prescription through OptumRx.
2. For questions regarding transmission, rejections or if you encounter any problems processing this prescription, please call Optum at **1-800-547-3330**.

First Fill Form: Complete and take to your pharmacy

RxBin #: 610011 RxPCN: IRX Group Number: B31412

Member ID:

Member ID is month and year of injury plus last 4 digits of claimant's SSN number (e.g., MMYYYYSSSS)

Member Name:**Employer Name:**

Injured worker's first & last name

Date of Injury:

Pharmacy Help Desk:
1-800-547-3330