

Temporary First Fill Prescription Letter for New Work Related Injuries

CORVEL

DEAR INJURED EMPLOYEE:

Using this letter makes it easier to obtain medications prescribed by your doctor for the treatment of your workers' compensation injury. **This letter can only be used (1) one time** and will allow up to a **(10) ten day** supply of medications.

On your first visit, please give this notice to the pharmacist to expedite the processing of your Worker's Compensation prescriptions. You should not incur any costs or co-payments at the pharmacy. You may receive a CorVel Pharmacy card in the mail once your claim has been reported to and evaluated by CorVel's Claim Specialist.

Please note that this card can only be used for prescription medications related to your workers' compensation injury. It cannot be used for obtaining medications unrelated to your claim.

If you have any questions regarding the use of this card, please call CorVel Customer Service at **1-800-563-8438**.

NOTE TO PHARMACIST:

Please use the Injured Worker's **SSN and 8 digit Date of Injury (SSN+MMDDYYYY)** as their 17 digit Identification Number when entering the following information to process an online claim to CorVel. Pharmacies can contact the **CorVel Customer Service at 800-563-8438 or CorVel's after hours Pharmacy Help Desk at 800-213-5640, PBM partner, Bioscrip**, for assistance with claims processing.

BIN: 900020
PCN: CLAIMNE
Group Number: WC273

Disclaimer: Receipt of this correspondence does not constitute the acceptance of your claim. Your employer and/or insurer reserves all rights under state regulations to properly investigate and make determinations of liability regarding your claim.

Sincerely,

CorCareRx Team
CorVel Corporation
Managing Agent for the NC Office of State Personnel

CORVEL