

PLEASE TAKE THIS INSERT TO THE PHARMACY

Injured Worker's First Fill Prescription Information Sheet

Injured Worker Name: _____ Social Security #: _____

Date Of Injury: _____

Dear Injured Worker,

On your first visit, please give this notice to any pharmacy listed on this insert to expedite the processing of your approved Worker's Compensation prescriptions, based on the established parameters by **MN Dept of Admin**. With the CorVel CorCareRx program, you do not need to complete any paperwork or claim forms. Simply present this CorVel First Fill Prescription Information Sheet to the pharmacy. You should not incur any costs or co-payments at the pharmacy and will allow up to a **10** day supply of medications.

Dear Pharmacist,

Please use the Injured Worker's **SSN plus 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 on behalf of State of MN injured workers:

BIN: 004336
PCN: ADV
RxGrp: RXFFWC162

Pharmacies can contact CorVel **Pharmacy Help Desk** at (800)364-6331 for assistance with claims processing. The Pharmacy Help Desk is available 24 hours a day, 7 days a week for your convenience.

There are 70,000 Participating Pharmacies in the CorVel Network. Below is a sample listing.

Amcare Walker Pharmacy	Hanson Drug	Rite Aid
Anderson Drug	Health Partners	Salk Drug
Apothecary Shop	HY-Vee Pharmacy	Sam's Club Pharmacy
Bloomington Drug	K Mart Pharmacy	Samuelson's Drug
Butler Drug	Kennedy Snyder Drug	Snyder's Drug Store
Cash Wise Pharmacy	Lakes Area Pharmacy	Target Pharmacy
Cub Pharmacy	Medicine Shoppe	Town & Country Pharmacy
Curt's Pharmacy	Moudry Apothecary Shop	Walgreens Pharmacy
CVS Pharmacy	Pamida Pharmacy	Wal-Mart Pharmacy
Falk's Newman Pharmacy	Rainbow Pharmacy	Watertown Health Mart