



Injured Workers First Fill Prescription Form

Injured Worker _____

Date of Injury _____

Claim Number _____

Phone Number _____

Notice to Injured Worker and Pharmacy

This temporary First Fill card is only valid if used within 5 days of the reported date of injury. Temporary eligibility through this program allows for a one-time fill of prescription medications. For assistance processing claims please contact ProCare Rx at (800) 699-3542.

Injured Worker Instructions

On your first pharmacy visit, please give this notice to any participating pharmacy. This will expedite the processing of your approved workers compensation prescriptions, based on the parameters established by **Omaha National**. With ProCare Rx you do not need to complete any paperwork or claim forms. Simply present this ProCare Rx 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 10 day supply of medications.

Pharmacy Instructions

For assistance processing claims please contact ProCare Rx at **(800) 699-3542**. Please use the BIN, and Rx Group number below to process an online/electronic claim to ProCareRx:



Pharmacy Help Desk:
800-699-3542

BIN: **023781**

Group ID: **OMANATRX**

ID #: **ONFFS + employee 10 digit phone number**

Member: **MEMBER NAME**

To generate member ID: Using ONFFS as a prefix and then using the Injured Workers 10 digit phone number will be used as their member identification number when processing their First Fill Prescription.

Below is a sample listing of some of the over 72,000 Participating Pharmacies in the ProCare Rx network. Please call **(800) 699-3542** for a participating pharmacy near you.

Costco Pharmacy
CVS
Kroger Pharmacy
Giant Eagle Pharmacy

H.E.B. Pharmacies
Hy-Vee Pharmacy
Safeway Pharmacy
Wegman Pharmacy

Meijer Pharmacy
Publix Pharmacy
Walmart Pharmacy
Longs Drug Store

Smith's Food & Drug Centers
Target Pharmacy
Walgreens Pharmacy
Ingles Pharmacy