



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 EHIM at (800) 311-3446.

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 EHIM you do not need to complete any paperwork or claim forms. Simply present this EHIM 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 EHIM at **(800) 311-3446**. Please use the BIN, and Rx Group number below to process an online/electronic claim to EHIM:



Pharmacy Help Desk:
800-311-3446

BIN: 005285

Group ID: 60011150FF

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 EHIM network. Please call **(800) 311-3446** for a participating pharmacy near you.

Costco Pharmacy

H.E.B. Pharmacies

Meijer Pharmacy

Smith's Food & Drug Centers

CVS

Hy-Vee Pharmacy

Publix Pharmacy

Target Pharmacy

Kroger Pharmacy

Safeway Pharmacy

Walmart Pharmacy

Walgreens Pharmacy

Giant Eagle Pharmacy

Wegman Pharmacy

Longs Drug Store

Ingles Pharmacy