

Workers' Compensation Prescription Information

Employer:

Please fill out employee information below and provide employee with this document to take to any pharmacy for his/her Workers' Compensation prescriptions.

Employee:

Athens Managed Care has partnered with Cadence Rx to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. Cadence Rx has a network of over 72,000 pharmacies nationwide. To locate a network pharmacy near you, please use the pharmacy locator at <http://cadencerox.com/find-a-pharmacy/> or call Cadence Rx toll free at 1-888-813-0023.

**IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE AT THE PHARMACY PLEASE CALL
1-888-813-0023**

Pharmacist:

Please obtain below information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only.

For questions or rejections please call 1-888-813-0023. Please do not send patient home or have patient pay for medication(s) before calling Cadence Rx for assistance.

NOTE: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

**FOR ANY QUESTIONS OR ASSISTANCE WITH MEDICATION APPROVALS PLEASE CALL:
1-888-813-0023**

Prescription Drug ID Card



Employee Name:	
Member ID Number*	FF
Date of Injury:	
Group Number:	ATHENS
PCN Number:	CRX
BIN Number:	021460

Pharmacy Information

This form allows you to fill your initial prescriptions with a maximum cost of \$750 per medication and no more than a 30-day supply per prescription. Pharmacy, if you need assistance processing this claim, please call 1-888-813-0023.

The pharmacy benefit card is only to be used for medications prescribed for your work-related injury. By using this card, you acknowledge and accept financial responsibility for any prescriptions billed under this card that are later found to be unrelated to your injury.

- Member ID format: The ID must start with FF followed by the last 4 digits of social security number plus 8- digit DOI. Example: FF999901012018**



Card Created On: ___/___/___
Card Valid for Date of Injury Only