

**Mississippi State Agencies  
Self-Insured Workers Compensation Trust  
Workers' Compensation First Fill Program**



**EMPLOYER INSTRUCTIONS:**

- SUBMISSION OF THIS FORM ACKNOWLEDGES THAT THE REPORT OF INJURY HAS BEEN FILED WITH THE APPROPRIATE INSURANCE OR TPA COMPANY
- USING THE EXAMPLE BELOW COMPLETE THE TEMPORARY CARD ID

**EMPLOYEE INSTRUCTIONS:**

- FOR TEMPORARY ENROLLMENT PURPOSES ONLY, THIS FORM MUST BE PRESENTED TO THE LOCAL PHARMACY TO OBTAIN YOUR INITIAL PRESCRIPTION
- FOR QUESTIONS REGARDING YOUR BENEFITS PLAN CONTACT PMOA'S CUSTOMER SERVICE DEPARTMENT AT **1-800-661-1494**
- PLEASE NOTE: YOU MAY RECEIVE A PERMANENT RETAIL CARD IN THE MAIL FOR YOUR WORKERS' COMPENSATION INJURY

**PHARMACY INSTRUCTIONS:**

- USE THE INFORMATION BELOW TO PROCESS THE INITIAL PRESCRIPTIONS
- **CONTACT 1-800-661-1494** FOR ANY PRIOR AUTHS OR TO OBTAIN THE PERMANENT MEMBER/GROUP ID FOR FUTURE FILLS

Temporary Work Comp Prescription Card  
For PRE-AUTH Assistance call: 800-661-1494

Employer: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_  
ID: \_\_\_\_\_

SSN + Date of injury (MMDDYY)  
(ID Example: 123456789101411)

**BIN: 004410    PCN: SCI    GROUP: D77A**

**PLAN limit: Max Day Supply 14  
Max \$\$ Amount \$150.00**

Disclaimer: It is important to note the issue will be determined by the claims department and the confirmation of this treatment/ service request is in no way intended as an endorsement, nor is it intended to interfere with the provider from the duties to adhere to any applicable practice standards.

# Mississippi State Agencies Self-Insured Workers Compensation Trust Workers' Compensation First Fill Program

## EMPLEADOR:

- SUMISION DE ESTA FORMA DA ENTENDER QUE EL REPORTE DE UN ACCIDENTE HA SIDO ESTABLECIDO

## EMPLEADOS:

- ESTA FORMA TIENE QUE PRESENTARSE A SU FARMACIA LOCA PARA INICIAR EL RECIBO DE SUS MEDICINAS. SI US TIENE PREGUNTAS O NECESITA AYUDA PARA LOCALIZAR UNA FARMACIA PARTICIPADORA, POR FAVOR LLAMA A PMOA AL 800-661-1494.

“ ATENCION FARMACIA ”

POR FAVOR USE LA SIGUIENTE INFORMACION PARA SU RECLAMA, SI TIENE PREGUNTAS O PROBLEMAS POR FAVOR LLAMAR A PMOA AL 800-661-1494

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Name: \_\_\_\_\_  
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