



**877.727.4780**      **877.667.3757 FAX**  
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**First Fill Injured Employee Form – STATE OF MISSISSIPPI/CCMSI**

Please use this information to fill the first prescriptions for your injury at no cost to you. Provide this form to any In-Network Pharmacy. These include Wal-Mart, Walgreens, CVS, Winn-Dixie, Rite Aid, and many local pharmacies. If you have a question regarding an In-Network Pharmacy, please contact 877.727.4780

AMS is the Preferred Workman’s Compensation Pharmacy Provider for CCMSI and asks that any worker’s compensation related claims be processed through AMS. This form will provide one-time approval for up to a 7-day supply please provide it to your pharmacy at the time of your initial injury fill. After that time, we will send a card to you for future fills, if needed. If you have any questions, please do not hesitate to contact us.

Sincerely,

Ancillary Medical Services  
877.727.4780

**Claimant Referral Information:**

CLAIMANT NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**AMS Processing Information:**

**Pharmacy: Please create a unique ID# using 0081 + Date of Injury (MMDDYY) in the format 0081MMDDYY.**



**RX BIN #: 800004**  
**PCN #: 008126**  
**RX GROUP #: 40010081**  
**ID#: \_\_\_\_\_**  
**PERSON CODE: 01**

**PHARMACY NETWORK AND SYSTEM INQUIRIES: 1-877-727-4780**

Use of this form will allow participating pharmacy to submit your prescription claim electronically. Possession of this form does not guarantee future coverage. Use of this form is governed by the conditions set forth when issued and constitutes acceptance thereof.