



Optum
PO Box 152539
Tampa, FL 33684-2539

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for your work-related injury or illness, for your convenience you can go to an Optum Tmesys network pharmacy. Please give this temporary card to the pharmacist. When the pharmacy is part of the Optum Tmesys® network, the pharmacist will fill your prescription at no cost to you. If your pharmacy is not part of this network, you may need to pay for the prescription and seek reimbursement from the carrier.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies and all major chains are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM			
CARRIER/TPA _____		EMPLOYER _____	
INJURED WORKER NAME _____			
Please provide directly to Pharmacist			
SOCIAL SECURITY NUMBER _____		DATE OF INJURY (YYMMDD) _____	
Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com .			

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261		002538
RxPCN	CAL		Envoy Acct. #
GROUP	TBD		

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred to as "Optum."

tmesys®

IMP14-1913-10

Workers' Compensation Medical Information Guide

Dear Employee:

This guide can be used as a resource for understanding your Workers' Compensation insurance coverage. Please refer to this guide for questions related to treatment for your work-related illness or injury or contact your assigned Zurich claim professional.



Claimant Name:

Employer/Insured:

Claim Number:

Claimant State:

Date of Loss:

ATTENTION MEDICAL PROVIDERS:

Submit Medical Bills to:

Zurich North America - Claims
P.O. Box 968070
Schaumburg, IL 60196-8070
Or email us at:
usz.zurich.claims.documents@zurichna.com

Patient is seeking treatment for
Workers' Compensation. Please call
Zurich with any general questions.

800-987-3373

ATTENTION EMPLOYEE:

Modified duty may be available, contact
your employer for details.
Please call your local Zurich claim office
with any questions.

First Fill Pharmacy Information

Optum is the pharmacy benefits manager utilized in Zurich's Workers' Compensation program. Upon acceptance of a claim, a pharmacy card may be issued to the injured worker. If a prescription is needed prior to receiving a pharmacy card, the below information may be provided to a participating pharmacy. The following participate in the Optum network:

CVS
Walgreens
Osco
Walmart
Costco
Target
Sam's Club

BIN: 004261
PCN: CAL
FF Group: ZRCHFF



Pharmacy: Please use the last four digits of the injured worker's SSN plus the date of injury as the Member ID when processing a medication.

For additional participating pharmacies in your area please call 1-866-599-5426 or go to www.tmesys.com

Scheduling Services

If the patient requires any of the following services/treatments, scheduling can be provided by calling the following:

Durable Medical Equipment:

Homelink	800-571-2942
One Call Care Mgmt.	800-848-1989
Progressive Medical	800-310-3926

Diagnostic Imaging: (MRI,CT)

ADIN Healthcare	800-674-6728
One Call Care Mgmt.	800-872-2875

Physical Therapy:

Align Networks	866-389-0211
MedRisk	877-783-6792

C.a.r.e Provider Network

The C.a.r.e Provider Network is a customized network of medical providers who treat Workers' Compensation injuries. If you need assistance with locating a treating provider please call 866-732-5342 or visit www.talispoint.com/zurich/zurichna.

This guide is intended as a general description of certain types of insurance and services available to qualified customers through the companies of Zurich in North America, provided solely for informational purposes. Nothing herein should be construed as a guarantee of payment or claim acceptance. The applicable workers' compensation policy is the contract that specifically and fully describes the coverage, terms and conditions.

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