



BIN	PCN	Group
<b>021460</b>	<b>CRX</b>	<b>RETAIL750L</b>
Member Name		Member ID
John Q. Sample		<b>HSL00000001</b>
Claim Number	Date of Injury	Jurisdiction State
<b>WC1235858</b>	<b>05/19/2019</b>	<b>LA – Louisiana</b>

### Workplace Injury Prescription Card

This card is to be used for prescriptions related to your work injuries covered under your insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage.

For information related to prescription, non-prescription, pharmacy locations, your benefits, or other questions:

**Call 888.813.0023**

**email us at [support@cadencerx.com](mailto:support@cadencerx.com)**

**Visit [www.cadencerx.com](http://www.cadencerx.com)**