WORKPLACE INJURY PRESCRIPTION INFORMATION

Employer:

Please fill out the employee information below and provide the employee with this document to take to any pharmacy for their Workplace injury prescriptions.

Employee:

LHATF has partnered with Cadence Rx to make filling workplace injury prescriptions easy. **Please take this letter and your prescription(s) to your facility's pharmacy** or a network 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 https://cadencerx.com/find-a-pharmacy/ or call Cadence Rx toll-free at 1-888-813-0023.

This document serves as a temporary prescription card. A permanent prescription card specific to your work-related injury or illness will be forwarded directly to you if your claim is deemed compensable for pharmacy benefits.

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

Pharmacist:

Please obtain the below information from the injured employee to process prescriptions for the workplace injury only. Please do not send the patient home or have the 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.

Prescription Drug ID Card

Employee Name:	
Member ID Number*	***Refer to Member ID Format**
Date of Injury:	
Group Number:	**CRXHSLI**
PCN Number:	**CRX**
BIN Number:	**021460**

Card Created On: _____/____/____

Pharmacy Information

This form allows you to fill your initial prescriptions with a maximum cost of $300 per medication and no more than a 14-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 the social security number plus 8-digit DOI (MMDDYYYY). Example: FF999901012018**