



First Fill Information PACT

Dear Injured Worker,

Optum® has been selected by **PACT** to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply **fill in the form below** and present it at the pharmacy at the time your prescription is filled. This form should ensure that you will have no out-of-pocket expenses when you fill your first prescription.

For your convenience, Optum has an extensive network of retail pharmacies including major chain drug stores.

For pharmacy locations, you may call our toll-free number or visit our website at cypresscare.com and use the pharmacy locator in the quick links section of the home page.

If you have any questions, or would like to learn about our convenient home delivery service, please call our customer service number: **1-800-419-7191**.

Estimado Trabajador(a) Lesionado(a),

Optum ha sido seleccionado por **PACT** para asistirle en la obtención de medicamentos relacionados con su reclamo de compensación de trabajadores. Este formulario le permite completar las prescripciones escritas por el médico de sus empleados autorizados de compensación para los medicamentos relacionados con su lesión. Simplemente **llene el siguiente formulario** y preséntelo en la farmacia en el momento que su prescripción está lleno. Este formulario debe asegurarse de que usted no tendrá gastos de su propio bolsillo cuando surte su primera receta.

Para su comodidad, Optum cuenta con una extensa red de farmacias al por menor. De la red de farmacias Optum incluye las siguientes principales cadena de farmacias:

Para localidades de Farmacia adicional, también puede llamar a nuestro número gratuito o visite nuestro sitio web en cypresscare.com y usar el localizador de farmacias en la sección de enlaces rápidos de la página de inicio.

Si usted tiene alguna pregunta, o le gustaría aprender acerca de nuestro conveniente servicio al domicilio, llame a nuestro número gratuito de servicio al cliente: **1-800-419-7191**.

First Fill Form: Complete and take to your pharmacy

Bin #: **010876** Group Number: **SPECHLTHFF**

Member ID:

Last 4 digits of SSN + date of injury;

No spaces

(i.e. 9999050206)

Member Name:

Injured worker's first & last name

Employer Name:

Date of Injury:

Pharmacy Help Desk: **1-800-419-7191**

PLEASE NOTE: This form allows you to fill your initial prescriptions with a cost maximum of \$100 per prescription and no more than a 7-day supply per prescription. Once your claim has been reviewed, you will be sent a new card in the mail. If you do not receive the pharmacy card, please call us at **1-800-419-7191**.

Issuance of this letter does not constitute acceptance of your claim.

Optum Workers' Compensation Services of Georgia | P.O. Box 2829 | Suwanee, GA 30024 | F 1-678-730-1008


Copy of Worker's Compensation Insurance Card:


WORKERS COMPENSATION INSURANCE CARD

Employee: _____
Employer: _____
Insurer: P.A.C.T (Public Agency Compensation Trust)

What to do if I am injured on the job:


1. Report immediately to your supervisor.
2. Contact SpecialtyHealth 24/7/365 Nurse Hotline with your supervisor.
3. Complete C-1 form (Incident Report) with your supervisor.
4. See physician, if directed. Take your C-1 and Pharmacy 1st Fill Form with you. Present Worker's Compensation Insurance Card to provider.


Public Agency Compensation Trust


NFAAP
ACCREDITED

For any potential life threatening emergencies, call 911.

Group #: C143


REVISION 9.1.17

Insurer: P.A.C.T (Public Agency Compensation Trust)

Worker's Compensation Administrator (TPA):
ASC (Alternative Service Concepts)
639 Isbell Road, #390, Reno, NV 89509
(775) 329-1181
(775) 329-7418 FAX

SpecialtyHealth MCO (Mgd Care Organization):
330 E. Liberty St, Suite 200, Reno, NV 89501
(775) 398-3624
(775) 398-3680 FAX


Public Agency Compensation Trust


NFAAP
ACCREDITED


Alternative Service Concepts
ACCREDITED


SpecialtyHealth


REVISION 9.1.17

REV. 8/18/17, COPYRIGHT©. POOL/PACT. SPECIALTYHEALTH, INC. ALL RIGHTS RESERVED.