



### Prescription Benefits Information For Your Workers' Compensation Claim

#### Welcome to SmithRx.

Your employer's workers compensation carrier has chosen SmithRx to provide pharmacy benefits for their injured workers. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy.



#### What do I need to do?

If you need a prescription filled for a work-related injury or illness, visit an in-network pharmacy and provide this card to the pharmacist. The pharmacist will fill your prescription at no cost to you.



### May I fill prescriptions at my usual pharmacy?

Most pharmacies, including all major chains, are included in this network. To find or inquire about a network pharmacy and whether your preferred pharmacy is included, please call **(844) 414-0701**.



# Is this my permanent card?

This card is valid for one-time use. You have 7 days from the date your injury was reported to utilize this card. If your workers' compensation claim is accepted, you will receive a permanent pharmacy card in the mail. Once you receive it, please use the permanent card going forward.

## Your Temporary Pharmacy Benefits Card

Berkley Risk	Smi+hR <sub>x</sub> Pharmacy Benefits. Simplified.	SmithRx is the designated PBM for this patient		
Employer:  First Name: Last Name:		Note to Pharmacists: ENTER RXBIN, RXPCN, and GROUP	Pharmacist Support 844-414-0703	
Social Security Number: Please provide directly to Pharmacist  Date of Injury:		MEMBER ID # FORMAT IS <b>DATE OF INJURY</b> AND <b>SSN COMBINED</b> AS FOLLOWS: YYMMDD123456789  IF NO SSN, ALL 9s CAN BE USED	Rx Bin Rx PCN Rx Group	019025 8001002 BRACFF
Note to Cardholder: Present this card to the pharmacy to receive medic	ation for your work related injury			