

Mitchell ScriptAdvisor

First Fill – Temporary Prescription Card

Alternative Service Concepts

Mitchell ScriptAdvisor has been selected by Alternative Service Concepts 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, Mitchell ScriptAdvisor 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 www.mitchellscriptadvisor.com use the pharmacy locator.




Employee

- You may contact Customer Service at 866.846.9279 OR you may simply hand this document to the Pharmacy/Pharmacist to request activation of your Temporary Prescription ID
- Fill in the ID number supplied by Mitchell Customer Service along with your name on the ID card below.



Pharmacy

- To obtain the temporary Prescription ID, please contact Customer Service at 866.846.9279
- This sheet is a Temporary Prescription ID Card for a 10 Days' Supply Fill until this individual's permanent card can be provided.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

Mitchell ScriptAdvisor		
Temporary Prescription Benefit Card		SCRIPT CARE, LTD.
Member Name:		
Member ID #:		
Rx BIN:	019082	
PCN:	MPS	

Questions? Contact us at 866.846.9279

This card is to be used for prescriptions related to your workers' compensation injury-related 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. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card.




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
 100-0000

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
 100-0000


 Alternative Service Concepts
 100-0000


 SpecialtyHealth

 ACCREDITED

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