

Dear Pharmacist:

Missouri Employers Mutual works with pharmacies throughout the state to make it possible for injured employees to obtain necessary medicine(s) without incurring out-of-pocket expenses.

**The program guarantees that you will be paid for this first fill if you:**

- Provide the injured employee the first fill (10 days) prescription only.
- Confirm the patient has notified their employer so an MEM pharmacy card can be issued for subsequent prescriptions.

**For future prescriptions:**

- If the injured employee does not present an MEM pharmacy card, confirm eligibility by calling MEM at 1.800.442.0593.
- Consult with treating physicians to address perceived inadequacies or excesses of care.

**To Generate Member ID: The injured employee's 9 digit Social Security Number plus 8 digit Date of Injury will be used as their 17 digit Member Identification number when processing their First Fill Prescription: XXXXXXXXXMMDDYYYY**

BIN NO: 004336    RX PCN: ADV    RX Group No: RXFFWC225

For claim processing assistance, please call CorVel Pharmacy Solutions at 1.800.563.8438.

**For more information:**



[www.mem-ins.com](http://www.mem-ins.com)



1.800.442.0593



10.15



## Pharmacy Coupon

Missouri Employers Mutual has made it possible for you to obtain necessary medicine(s) for work-related injuries with no out-of-pocket expense.

Simply provide the pharmacist with the following information:

*Instructions for pharmacist on reverse*

1. My employer is: \_\_\_\_\_
2. My insurance carrier is Missouri Employers Mutual.
3. This is a workers compensation claim.
4. My date of injury is: \_\_\_\_\_
5. My birthdate is: \_\_\_\_\_
6. My SSN is: \_\_\_\_\_

Please note that this coupon is for injured employees to retrieve only their first fill prescription resulting from a workplace injury. It is authorized for the injured employee only and is non-transferable.