

Appendix B

Prescription Program For Work-Related Injuries

Welcome to First Script, a pharmacy benefit program designed exclusively for **State of Nebraska, #009006**, in partnership with Gallagher Bassett Services, Inc. for your workplace injury.

Injured Worker

No Cost	STEP 1	Complete the information requested in the bottom portion below.
	STEP 2	Call First Script at 1-866-445-7344 to enroll, and receive your required Member ID.
	STEP 3	Present this form to your pharmacist along with the prescriptions for your work-related injury.
No Delay	First Script is available at over 68,000 pharmacies nationwide. To locate a nearby pharmacy, please call First Script Customer Service at 1-866-445-7344 .	
Feel Better Faster	Please note that First Script is valid only for medications prescribed to treat your compensable work-related injury. You or your group health insurer, are financially responsible for any other prescriptions. The workers' compensation carrier will determine the compensability of the claim.	

Pharmacy Instructions

The injured worker's employer participates in First Script, a pharmacy benefit program administered by **ESI/Medco**. Call the First Script Help Desk, 24 hours a day, 7 days a week, at **1-866-445-7344**. If the Member ID number is not listed on this form, please provide the claimant information indicated below to receive the Member ID #. Please note the ID number on the form and return to injured worker. First Script claims are submitted electronically and electronic approval of the claim will be returned.

Pharmacy: You will not be required to submit any paperwork for this claim and payment is guaranteed for all electronically accepted claims.

FIRST SCRIPT

Pharmacy: At the request of the workers' compensation carrier for this customer, please use the following information to process all workers' compensation prescriptions online.

Name: _____
 SSN (Last 4 digits): XXX-XX-_____
 Date of birth: ____/____/____
 State where injury occurred: _____
 Date of injury: ____/____/____
 Member ID: _____
 (Member ID # is generated at time of enrollment)

RX PROGRAM ADMINISTERED BY: **ESI/Medco**
 GROUP NUMBER: **FSNCVTY**
 BIN NUMBER: **610014**
 Client #: **009006**
 Employer Name: **State of Nebraska**

(Above information to be completed by injured worker or supervisor)