

Injured Worker Pharmacy Coupon

MEM makes it possible for injured workers to obtain necessary medicine(s) without incurring out-of-pocket expenses. This coupon is valid for **only the first fill** of prescriptions required due to a workplace injury. It is only authorized for the injured worker referenced on this coupon and is non-transferable.

Injured Worker Information

- This is a workers compensation claim.
- Insurance carrier: MEM
- Employer name: _____
- Date of injury: _____
- Date of birth: _____
- SSN: _____

Pharmacy Instructions

This program guarantees payment for **only the first fill** of the prescription up to 10 days. Please confirm the injured worker has notified their employer so a pharmacy card may be issued for subsequent prescriptions.

Member ID

- To generate the Member ID for the first fill of the prescription, use the injured worker's 9-digit SSN plus 8-digit date of injury as their 17-digit member identification number: XXXXXXXXXMMDDYYYY
- BIN NO: 004336
- RX PCN: ADV
- RX Group No: RXFFWC225

Future Prescriptions

- If the injured worker does not present a MEM pharmacy card, confirm eligibility by calling 800.442.0593.
- Consult with treating physicians to address perceived inadequacies or excesses of care.

Claim Processing

- For claim processing assistance, contact CorVel Pharmacy Solutions at 800.563.8438.



 mem-ins.com

 800.442.0593

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