

# Priority Care 365 Quick Reference Guide



*ASN Client number*  
*#009157*

## INFORMATION

## INSTRUCTIONS

### AT THE POINT OF INJURY CALL:

1-833-477-3767

TO SPEAK WITH A NURSE 24  
HOURS PER DAY/365 DAYS PER  
YEAR

If an employee has sustained a work related injury that is not life, limb or eyesight threatening call Priority Care 365 service at the point of injury to speak with a nurse.

# 1-833-477-3767

### INSTRUCTIONS FOR MANAGER REGARDING PROCESS WITH THE NURSE:

- Provide a secure area for the employee to speak with the nurse.
- Inform the nurse of any language needs. Bilingual nurses are available for Spanish and English. An interpreter can be provided for other language needs.
- The nurse will start the call with questions to rule out an emergent situation. If the nurse does assess that this is a life threatening situation they will inform the manager to call 911.
- The nurse will complete an assessment with the injured employee and derive at a medical care or self-care disposition.
- The nurse will ask the employee to place the manager back on the phone. The nurse will communicate the instructions that were given to the employee. The manager should provide additional information to the nurse during this recap (location codes, provider confirmation, etc.).

### AFTER THE EMPLOYEE SPEAKS WITH THE NURSE:

Once the employee has completed their call:

- The manager will receive an e-mail with the Point of Injury report from the nurse.
- If the employee is going to be seen by a provider/ER, the manager will receive the MAC (Medical Awareness Card) via email or fax. The manager is to provide the MAC to the employee before sending them for medical care. The manager should instruct the employee to provide the MAC to the provider and ask the provider to make a copy of the MAC so the employee can retain their version.
- If the employee has a self-care disposition that changes to medical care the Client must notify their GB handling branch they spoke to a nurse and provide the IMA# so a claim can be setup.

### TO GET A PRESCRIPTION FILLED:

If an employee needs to go for medical care, the employee will receive the MAC which contains information regarding Firstscript and First Fill. Instruct the employee to provide the MAC to the Pharmacist. The nurse can provide information on National Chains or the manager or employee can go to <http://firstscript.com> or 866-445-7344.



## Prescription Program For Work-Related Injuries

Welcome to First Script, a pharmacy benefit program designed exclusively for **Workers Comp Advantage, #009157**, in partnership with Gallagher Bassett Services, Inc. for your workplace injury.

### Injured Worker

- |                               |  |   |
|-------------------------------|--|---|
| <b>No Cost</b>                | <b>STEP 1</b>  | Complete the information requested in the bottom portion below.                                 |
|                               | <b>STEP 2</b>  | Call First Script at <b>1-866-445-7344</b> to enroll, and receive your required Member ID.      |
|                               | <b>STEP 3</b>  | Present this form to your pharmacist along with the prescriptions for your work-related injury. |
| <b>No Delay</b>               | First Script is available at over 69,000 pharmacies nationwide. To locate a nearby pharmacy, please call First Script Customer Service at <b>1-866-445-7344</b> .  |   |
| <b>Feel Better<br/>Faster</b> | 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.*



**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)

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

RX PROGRAM ADMINISTERED BY: **ESI/Medco**

GROUP NUMBER: **FSNCVTY**

BIN NUMBER: **610014**

Client #: **009157**

Employer Name: **Workers Comp Advantage**



## Programa de Beneficio Farmacéutico Para Accidentes Laborales

Bienvenido a First Script, un programa diseñado exclusivamente para **Workers Comp Advantage, #009157**, en asociación con Gallagher Bassett Services, Inc. para su lesión relacionada con su trabajo.

### Empleado Lastimado

<b>Ningún Costo</b>	<b>Paso #1</b>	Complete la información requerida en el formulario de la parte inferior.
	<b>Paso #2</b>	Llame primero a First Script 1-866-445-7344 para inscribirse donde le proporcionarán un número de identificación.
	<b>Paso #3</b>	Presente esta forma a su farmacéutico con su receta relacionada a su accidente o lesión.
<b>Sin Tardanza/ Sin Demora</b>	First Script esta disponible en más de 69,000 farmacias en todo el país. Para localizar una farmacia cerca de usted, favor de llamar al departamento de servicios de First Script al <b>1-866-445-7344</b> .	
<b>Siéntase Mejor Mas Rápido</b>	First Script es solo valido para medicinas recetadas en el tratamiento de su lesión que sea directamente relacionada o por causa de su trabajo. Usted o su grupo de seguro medico son responsables por cualquier otra receta. El seguro de compensación de su trabajo determinará la compensación de su caso.	

### 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.*



**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)

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

RX PROGRAM ADMINISTERED BY: **ESI/Medco**

GROUP NUMBER: **FSNCVTY**

BIN NUMBER: **610014**

Client #: **009157**

Employer Name: **Workers Comp Advantage**