

Prescription First Fill Instructions

1. Participating Optum pharmacies include Walgreens, CVS, Walmart, Kroger, Target, Costco, Sam's Club, Brookshire, HEB and Tom Thumb. To locate other participating pharmacies, visit www.texasmutual.com/hcn or www.tmesys.com.
2. Complete the form and take to the pharmacy along with your prescription from the provider.
3. This form allows you to fill your initial prescription(s) with a maximum cost of \$500 per covered prescription and a maximum seven day supply.
4. If you have questions, please call us at **(866) 599-5426**, available 24 hours a day, seven days a week.

Bin #: 004261 **PCN#:** CAL **Group Number:** TXSMFF

Member ID:

Date of injury + SSN combined as follows: YYMMDD123456789

Member Name:

Injured worker's first and last name

Employer Name:

Date of Injury:

Pharmacy Help Desk: **(800) 964-2531**

PLEASE NOTE: This form is only **valid within 10 days** of the injury date. Once your claim has been reviewed, you will be sent a new card in the mail. If you do not receive a pharmacy card, please call us **at (866) 599-5426**.

Issuance of this letter or dispensing of a prescription does not constitute acceptance of your claim.