

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER FIRST FILL PRESCRIPTION CARD

How it Works:

01

INJURED WORKER

Immediately following a work-related injury, please write your name and complete the unique Member ID by filling in the lines provided on the card below. Next to the **SCT00** enter the last 3 digits of your Social Security Number and then two-digit month and two-digit day of your injury.

*Inmediatamente después de una lesión relacionada con su trabajo y de recibir esta hoja de su empleador, escriba su nombre y complete el número de identificación de miembro, completando las líneas proporcionadas en la tarjeta a continuación. Junto al **SCT00** ingrese los últimos 3 dígitos de su Número de Seguro Social y luego el mes de su lesión con dos dígitos y el día de su lesión con dos dígitos.*

Upon receiving a prescription from a physician for your work-related injury, present this First Fill Prescription Card along with the valid prescription(s) to your local pharmacy.

Al recibir una receta médica relacionada con su lesión ocupacional, presente esta tarjeta de prescripciones First Fill junto con la (s) receta (s) válida (s) en su farmacia local.

If you have any questions regarding your work-related prescriptions or to find a participating retail pharmacy, please call RxBridge at 833-792-7434 for assistance or use our pharmacy look-up tool at www.RxBridge.com. A Customer Service team member is available 24 hours a day, 7 days a week.

Si tiene alguna pregunta con respecto a sus recetas médicas relacionadas con la compensación al trabajador o si necesita ayuda para encontrar una farmacia participante, llame a RxBridge al 833-792-7434 o utilice nuestro localizador de farmacias en www.RxBridge.com. Un miembro de nuestro equipo de servicio al cliente está disponible 24 horas al día, 7 días a la semana.

02

PHARMACIST

Using the billing information provided below, please fill the injured worker's injury-related prescription(s). **MAKE SURE YOU ENTER THE FULL MEMBER ID, INCLUDING THE LETTERS.** Prescription card will be activated at the time prescription(s) are adjudicated and will allow a set quantity that is determined by the employer/insurance company. This card will remain active until midnight of the date of service. For questions regarding transmission, rejections or if you encounter any problems processing prescription(s), please contact RxBridge toll free at 833-792-7434.

FIRST FILL PRESCRIPTION CARD

Name: _____

Member ID: **SCT00** _ _ _ _ _

**MUST SUBMIT ALL
12 ALPHANUMERIC CHARACTERS**

Employer: **UT HEALTH SCIENCE CENTER AT TYLER**

Group #: **G7STD7**

RxBin: **984000**

RxPCN: **RXB**

Issuer (80840): **9151014609**

ATTN: INJURED WORKER or PHARMACY

To Complete the Member ID: Please fill in the lines provided next to the SCT00 with the last 3 digits of your Social Security Number and the two-digit month and two-digit day of your injury. (Example: SCT001231219)

Pharmacist: When entering the Member ID, enter the full Member Id including the letters.

ATENCION: EMPLEADO LESIONADO O PHARMACIA

Para completar su identificación de miembro: Complete las líneas provistas junto al SCT00 con los últimos 3 dígitos de su Número de Seguro Social, el mes y el día de su lesión con dos dígitos.

(Ejemplo: SCT001231219)

Farmacéutico: al ingresar la identificación del miembro, ingrese el ID completo del miembro, incluyendo las letras.

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Please follow the below instructions to obtain your First Fill Prescription Card.

How it Works

01

Text

Text **SCT00** to toll free
833-FRSTFILL (833-377-8345)

02

Follow the On-Screen
Step by Step Instructions

Step 1: Text your First and Last Name
Step 2: Text your Date of Injury
Step 3: Confirm Information

03

Receive First Fill Card

You will receive an image of your
prescription card right to your phone.

04

Fill Your Prescriptions

Present your First Fill Prescription Card along
with your injury related prescription(s) to your
local pharmacy.

Text

SCT00

to 833-377-8345



If you encounter any problems filling your prescriptions or to find a participating retail pharmacy, please call RxBridge at 833-RxBridge (833-792-7434) or use our pharmacy locator at www.RxBridge.com