



Temporary University of Minnesota
Workers' Compensation Prescription Services ID

NOTE: Due to liability regulations, do not issue this Temporary Prescription Services ID form to employer locations or employees located in OH. The injured employee will receive a permanent prescription card and pharmacy-benefit packet from Express Scripts once the claim is deemed compensable by Client.

Attention Injured Worker

- The University of Minnesota Workers' Compensation claims are administered by Sedgwick CMS. Sedgwick CMS utilizes the prescription drug program from Express Scripts
Please present this page to any pharmacy listed below to expedite the processing of your approved Workers' Compensation prescriptions. (Based on the established parameters by your employer.)
For questions, or assistance locating a participating pharmacy, call the Express Scripts Contact Center at 866.590.5882.

Atencion Trabajador Lesionado:

- Las reclamaciones de indemnización laboral de la Universidad de Minnesota son administradas por Sedgwick CMS. Sedgwick CMS utiliza el programa de medicamentos recetados de Express Scripts.
Por favor, presente esta hoja en cualquiera de las farmacias que figuran a continuación para agilizar el procesamiento de sus recetas aprobadas de la indemnización laboral. (De acuerdo con los parámetros establecidos por su empleador).
Si tuviera preguntas o necesitara ayuda para encontrar una farmacia participante, llame al Centro de Contacto de Express Scripts al 866.590.5882.

Attention Supervisor: Please complete the following information for the injured worker.

Express Scripts
ID #: Present your SSN to the pharmacy at the time prescription is filled
Date of Injury : MM/DD/CCYY
Group #: GJC1546
Employee Date of Birth: MM/DD/CCYY

Employee Information
First MI Last
Mailing Address
Street Address or PO Box
City State Zip
Employer's Name
The University of Minnesota

Attention Pharmacist

- Express Scripts administers this Workers' Compensation prescription program. Follow the steps below to submit a claim.
For assistance, call the Express Scripts Contact Center at 866.590.5882.

Table with 2 columns: Step, Description. Steps include: Step 1: Enter bin number 003858, Step 2: Enter processor control A4, Step 3: Enter the group number as it appears above, Step 4: Enter the injured worker's SSN, Step 5: Enter first name & last name, Step 6: Enter the injured worker's date of injury (enter in PA field in the format yyyymmdd)

Participating Pharmacy Chains

Grid of participating pharmacy chains including Allina Community Pharmacy, Costco Pharmacy, Park Nicollet Pharmacy, Schneider Drug, and Wabasha Pharmacy.

NOTE: This form is not valid in the state of Ohio. For all other states, liability of a workers' compensation claim is not assumed based on the dispensing of medication(s) to a patient.