

Business Insurers of Georgia

AUTHORIZATION FOR MEDICAL TREATMENT FOR WORKERS' COMPENSATION

Use this form for injured workers in the following states:

**AL, CA, CO, FL, GA, IA, IL, IN, KY, LA, MD, MI,
MO, MS, NC, NJ, OK, PA, SC, TN, TX, VA, WI, WV**

PROVIDER: Prescient National Insurance Services

POLICY: Business Insurers of Georgia #WC012-000001-125

COMPANY NAME: _____

EMPLOYEE NAME: _____

DATE OF INJURY: _____

TYPE OF INJURY: _____

PERFORM A 10-PANEL DRUG SCREENING: YES / NO (CIRCLE ONE)

PERFORM A BLOOD ALCOHOL SCREENING: YES / NO (CIRCLE ONE)

Submit all charges on CMS 1500 (red form), UB04 form, or accordingly on each state's industrial commission approved form. **Please include medical notes, W-9 form, and claim number if available.** Bills can be submitted using any of the following options.

SECURE FILE UPLOAD: www.PrescientNational.com/File-Upload

ENCRYPTED OR SECURED EMAIL: VendorEmails@PrescientNational.com

FAX: (704) 927-2867

MAIL: Prescient National Insurance Services
PO Box 32788
Charlotte, NC 28232

All Prescient National claims are associated with Optum, and because our Pharmacy Benefits Manager issues prescription cards to injured workers, **ALL PHYSICIAN DISPENSED MEDICATIONS ARE NOT AUTHORIZED/HONORED** by Prescient National Insurance Services.

SIGNATURE OF SUPERVISOR

DATE

Medical Authorization

The undersigned person(s) hereby consents to, and by the Authorization or any photocopy hereof authorizes, the release to Prescient National Insurance Services or any other agent or employee of Prescient National Insurance Services by any hospital, medical clinic, surgeon, physician, pharmacist or any other provider of medical services, treatment or supplies to

(Name of Patient, Claimant)

Of any and all medical report, histories, findings, prognosis, diagnosis, bills, information or other documents relating to any medical treatment, hospitalization, prescription drugs or other medical services or supplies, including but not limited to psychiatric treatment, or treatment for alcoholism or drug abuse, of such patient.

The undersigned person(s) understands and hereby acknowledges that the information above or certain portions thereof, may be protected from disclosure without this signed Authorization by Federal and State privacy and confidentiality laws.

The Authorization shall automatically expire without express revocation one year after signature date below.

And prior to such time shall be subject to revocation with respect to all or any particular records at any time by the undersigned person(s) in writing delivered to the holder of such records except to the extent that action has already been taken in reliance upon this Authorization.

Date: _____

Claimant: _____
(Print Name)

Claimant: _____
(Signature)

Date: _____

Witness: _____
(Print Name)

Witness: _____
(Signature)

Autorización Médica

La(s) persona(s) abajo firmante(s) consiente, y por la Autorización o cualquier fotocopia del presente document, autoriza la divulgación a Prescient National Insurance Services o cualquier otro agente o empleado de Prescient National Insurance Services por parte de cualquier hospital, clínica médica, cirujano, medico, farmacéutico o cualquier otro proveedor de servicios medicos, tratamiento o suministros para

(Nombre del Paciente, Reclamante)

De todos y cada uno de los informes médicos, historiales, hallazgos, pronóstico, diagnóstico, facturas, información u otros documentos relacionados con cualquier tratamiento médico, hospitalización, medicamentos recetados u otros servicios o suministros médicos, incluidos, entre otros, tratamientos psiquiátricos o tratamientos para el alcoholismo o abuso de drogas, de tal paciente.

La(s) persona(s) abajo firmante(s) entiende y por la presente reconoce que la información anterior o ciertas partes de la misma pueden estar protegidas contra la divulgación sin esta Autorización firmada por las leyes federales y estatales de privacidad y confidencialidad.

La Autorización caducará automáticamente sin revocación expresa un año después de la fecha de firma a continuación.

Y antes de ese tiempo estará sujeto a revocación con respecto a todos o cualquier registro en particular en cualquier momento por la(s) persona(s) abajo firmante(s) que se entreguen al titular de dichos registros, excepto en la medida en que ya se haya tomado acción en dependencia de esta Autorización.

Fecha: _____

Demandante: _____
(Imprimir Nombre)

Demandante: _____
(Firma)

Fecha: _____

Testigo: _____
(Imprimir Nombre)

Testigo: _____
(Firma)



PO Box 152539
Tampa, FL 33684-2539

Making it easy to get workers' compensation prescriptions filled

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured person:

If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. In most cases, the pharmacy will fill the prescription at no cost to you. **Please be advised that Prescient National does not pay for physician-dispensed medications. You may be prescribed compounds or other medications that require prior authorization, which will be indicated to the pharmacist when you present your prescription. When this occurs please have the pharmacist contact Optum at 1-800-964-2531 for an approval and/or assistance.**

If your workers' compensation claim is accepted, you will receive a permanent pharmacy card in the mail. Please use that card for other work-related injury prescriptions.

Employer:

Immediately upon receiving notice of injury, fill in the information below and give this form to the employee.

Find a network pharmacy

Most pharmacies and all major chains are included in the network. To find a network pharmacy call **1-866-599-5426** or visit **tmesys.com**.



Questions? Need Help?

1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM	
Prescient National Insurance Services	
CARRIER/TPA	EMPLOYER
INJURED PERSON NAME	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)
Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com .	

Attention Pharmacists: Call 1-800-964-2531 to establish First Fill benefit eligibility and obtain the ID number for online adjudication of approved benefits for the injured worker. Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261		002538
RxPCN	CAL	or	Envoy Acct. #

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.

The following entities comprise the Optum Workers' Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers' Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers' Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers' Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers' Compensation Medical Services, collectively and individually referred as "Optum."



IMP-23-1656



Hacemos más sencillo que se le abastezca las recetas de su programa de compensación por accidentes laborales

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

Persona lesionada:

Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. En la mayoría de los casos, la farmacia abastecerá la receta sin costo para usted.

Tenga en cuenta que Prescient National no paga por los medicamentos proporcionados por su médico. Se le puede recetar los compuestos o otros medicamentos que requieran una autorización previa, lo cual se indicará al farmacéutico cuando usted presente su receta médica. Cuando esto ocurra, pídale al farmacéutico que se comunique con Optum al 1-800-964-2531 para obtener una aprobación o ayuda.

Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones relacionadas con su trabajo.

Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información que aparece a continuación y entregue este formulario al empleado.

Cómo encontrar una farmacia de la red

La mayoría de farmacias y todas las grandes cadenas de farmacias forman parte de la red. Para ubicar una farmacia de la red, llame al **1-866-599-5426** o visite **tmesys.com**.



**¿Tiene alguna pregunta?
¿Necesita ayuda?**

1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM	
Prescient National Insurance Services	
PORTADORA	EMPLEADOR
NOMBRE DEL PERSONA LESTONADA	
Please provide directly to Pharmacist	
NUMERO DE SEGURO SOCIAL	FECHA DE LA LESION (AAMMDD)
Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite tmesys.com .	

Attention Pharmacists: Call 1-800-964-2531 to establish First Fill benefit eligibility and obtain the ID number for online adjudication of approved benefits for the injured worker. Tmesys is the designated PBM for this patient.	
Tmesys Pharmacy Help Desk	
1-800-964-2531	
	<u>NDC</u> <u>Envoy</u>
RxBIN	004261 or 002538
RxPCN	CAL or Envoy Acct. #

NOTA: Esta tarjeta First Fill solo es válida para una lesión cubierta por su programa de compensación por accidentes laborales.