



Pharmacy Coupon

Missouri Employers Mutual has made it possible for you to obtain necessary medicine(s) for work-related injuries with no out-of-pocket expense.

Simply provide the pharmacist with the following information:

Instructions for pharmacist on reverse

1. My employer is: _____
2. My insurance carrier is Missouri Employers Mutual.
3. This is a workers compensation claim.
4. My date of injury is: _____
5. My birthdate is: _____
6. My SSN is: _____

Please note that this coupon is for injured employees to retrieve only their first fill prescription resulting from a workplace injury. It is authorized for the injured employee only and is non-transferable.

Dear Pharmacist:

Missouri Employers Mutual works with pharmacies throughout the state to make it possible for injured employees to obtain necessary medicine(s) without incurring out-of-pocket expenses.

The program guarantees that you will be paid for this first fill if you:

- Provide the injured employee the first fill (10 days) prescription only.
- Confirm the patient has notified their employer so an MEM pharmacy card can be issued for subsequent prescriptions.

For future prescriptions:

- If the injured employee does not present an MEM pharmacy card, confirm eligibility by calling MEM at 1.800.442.0593.
- Consult with treating physicians to address perceived inadequacies or excesses of care.

BIN NO: 004336 RX PCN: ADV RX Group No: RXFFWC225

For claim processing assistance, please call CorVel Pharmacy Solutions at 1.800.563.8438.

For more information:



www.mem-ins.com



1.800.442.0593

