



Montana Municipal Insurance Authority Temporary Prescription Services ID

ATTENTION: INJURED EMPLOYEE

This form **must be presented** to your pharmacist when you fill your initial prescription(s).
Questions or Need to Find a Participating Pharmacy: Call the ExpressComp Contact Center at 877.650.9359.

ATENCIÓN: TRABAJADOR LESIONADO

Esta formulario de Identificación para Servicios Temporales de Prescripción de Recetas por Compensación del Trabajador **DEBERÁ SER PRESENTADO** a su farmacéutico al surtir su(s) receta(s) inicial(es). Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en al teléfono 877.650.9359.

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

<p align="center">ExpressComp</p> <p>Attention Supervisor: 9-digit ID number, preprinted group number and date of birth must be completed.</p> <p>ID #: _____ Social Security Number</p> <p>Date of Injury: __ / __ / ____ MM DD CCYY</p> <p>Group #: <u>MMIA</u></p> <p>Employee Date of Birth: __ / __ / ____ MM DD CCYY</p>	<p>Employee Name</p> <p>_____</p> <p>First MI Last</p> <p>Mailing Address</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City State Zip</p> <p>Employer's Name: _____</p> <p>Department: _____</p>
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Attention Pharmacist

Express Scripts administers this workers' compensation prescription program. Follow the steps below to submit a claim.

Be sure you are using NCPDP version 3.2 allowing for faster service.	
Step 1	Enter Bin Number 003858
Step 2	Enter Processor Control A4
Step 3	Enter the Group Number: MMIA
Step 4	Enter the injured worker's 9 digit ID# XXXXXXXXXX (no dashes, no spaces)
Step 5	Enter first name & last name
Step 6	Enter the injured worker's date of injury (enter in PA field in the format ccyyymmdd)

NEED ASSISTANCE? **Pharmacist,** if you have any questions while processing the claim, please call the ExpressCompContact Center at **877-650-9359**.