Workers' Compensation Temporary Prescription Services ID
Important Information

ATTENTION INJURED WORKER
This Workers' Compensation Temporary Prescription Services ID form MUST BE PRESENTED to your Pharmacist when you fill your initial prescriptions(s). If you have questions or need to locate a participating Pharmacy, please contact Express Scripts Customer Service at 800-945-5951.

ATENCIÓN: TRABAJADOR LESCIONADO
Este formulario de Identificació para Servicios Temporales de PrescripciÁn Recetas por Compensación del Trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtis su(s) receta(s) inicial(es). Si tiene cualquier duda o Necista localizer una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el Teléfono 800-945-5951

NOTE: Due to regulations concerning liability, do not issue the Temporary Prescription Services ID form to employeer locations/employees located in the following states: CT, MA, ME, MN, NH, NY, OH, 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 Hewitt Coleman & Associates, Inc.

Hewitt Coleman
Attention Supervisor:
Social Security number, pre-printed group and date of birth must be completed.

SS # _____ ____ _____
Injured Workers' Social Security Number

DATE OF INJURY _____ /_____ /_____
MM DD YYYY

GROUP # **HEWITT**

EMPLOYEE DATE OF BIRTH _____ / _____ /_____
MM DD YYYY

EMPLOYEE NAME

FIRST MI LAST

MAILING ADDRESS STREET

CITY STATE ZIP

EMPLOYER'S NAME: _____

DIV. OR DEPT. _____

Help Desk: This is a POS program through Express Scripts only.
For assistance, call the Express Scripts Help Desk at 800-945-5951

Attention Pharmacist:

Hewitt Coleman Workers' Compensation prescription program is administered by Express Scripts. The following are the steps necessary to submit a claim for Hewitt Coleman injured Workers.

Please follow the action steps listed below to enter the 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 as it appears above
Step 4	Enter the injured worker's Social Security #
Step 5	Enter first name & last name
Step 6	Enter the injured worker's DATE OF INJURY as it appears above

NEED ASSISTANCE? **Pharmacist,** if you have any questions while processing this claim, Please call the Express Scripts Help Desk at 800-945-5951.