Welcome to SmithRx. Your employer has chosen SmithRx to provide pharmacy benefits for their injured workers. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy.

Injured Employee:

- If you need a prescription filled for a work-related injury or illness, go to an in-network pharmacy. Provide this temporary card to the pharmacist. The pharmacist will fill your prescription at no cost to you.
- This card is valid for one-time use. You have 7 days from your date of injury to utilize this card.
- If your workers' compensation claim is accepted, you will receive a permanent pharmacy card in the mail. Please use that card for future work-related injury or illness prescriptions.
- Most pharmacies, including all major chains, are included in this network. To find or inquire about a network pharmacy, call (844) 414-0701.

Questions?

- If you have any questions, please call (844) 414-0701 (also located on the back of your ID card).


Employer: _____

First Name: _____ Last Name: _____

Social Security Number: Please provide directly to Pharmacist

Date of Injury: _____

Note to Cardholder:
Present this card to the pharmacy to receive medication for your work related injury

SmithRx is the designated PBM for this patient

Note to Pharmacists:
ENTER RxBIN, RxPCN, and GROUP

MEMBER ID # FORMAT IS DATE OF INJURY AND SSN COMBINED AS FOLLOWS:
YYMMDD123456789

IF NO SSN, ALL 9s CAN BE USED

Pharmacist Support
844-414-0703

Rx Bin 019025
Rx PCN 8001002
Rx Group BSIGFF

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

Berkley Southeast Insurance Group
a Berkley Company

SmithRx
Pharmacy Benefits. Simplified.

Bienvenido a SmithRx.

Su empleador nos ha elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales. Más adelante incluiremos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local.

Empleado lesionado:

Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia en nuestra red. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica sin costo alguno.

Esta tarjeta es válida para un solo uso. Tiene 7 días a partir de la fecha de la lesión para utilizar esta tarjeta.

Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Puede utilizar esta tarjeta para futuras recetas médicas por lesiones o enfermedades relacionadas con el trabajo.

La mayoría de farmacias, incluyendo todas las grandes cadenas de farmacias, forman parte de nuestra red. Para encontrar una farmacia en nuestra red, llame al **(844) 414-0701**.

¿Tiene Preguntas?

Si tiene alguna pregunta, llame al **(844) 414-0701** (también se encuentra en la parte posterior de su tarjeta de identificación).


Berkley Southeast Insurance Group

Smi+hRx
Pharmacy Benefits. Simplified.

Employer: _____

First Name: _____ Last Name: _____

Social Security Number: Please provide directly to Pharmacist

Date of Injury: _____

Note to Cardholder:
Present this card to the pharmacy to receive medication for your work related injury

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844-414-0703

Rx Bin 019025
Rx PCN 8001002
Rx Group BSIGFF

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