

# First Fill Information

Missouri United School  
Insurance Council



A Healthcare Solutions Company

Dear Injured Worker,

ScripNet has been selected by your employer to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply fill in the form below and present it at the pharmacy at the time your prescription is filled. This form guarantees that you will have no out-of-pocket expenses when you fill your first prescription.

For your convenience, ScripNet has an extensive network of retail pharmacies. You may use your local pharmacy to process your prescription, or call our toll-free customer service number to identify additional network pharmacies in your area.

You may also visit our website at [www.scripnet.com](http://www.scripnet.com) and use the pharmacy locator in the Resources section of the home page.

If you have any questions, or would like to learn about our convenient home delivery service, please call our toll-free customer service number: 888.880.8562.



## First Fill Form: Complete and take to your pharmacy

**Bin #:** 610621    **Group Number:** Not Required

**Member ID:**

**Member Name:**  Injured worker's first & last name

**Employer Name:**

**Date of Injury:**

Do not include anything in the person code field when processing the First Fill.

**Pharmacy Help Desk: 888.880.8562**