

FAST & SIMPLE: GETTING YOUR FIRST PRESCRIPTION FILLED

Mitchell ScriptAdvisor has been selected by Yosemite Community College District 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 present it at the pharmacy at the time your prescription is filled. This form should ensure that you will have NO out-of-pocket expenses. Please Note: This is a temporary prescription card; you may receive a permanent drug card in the future.

For your convenience, Mitchell ScriptAdvisor has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number at 866.846.9279 or visit our website at www.mitchellscriptadvisor.com to access the pharmacy locator.



Employee

- You may contact Mitchell Customer Service at 866.846.9279 or you may present this sheet to the pharmacist along with your prescription.



Pharmacy

- This sheet is a Temporary Prescription ID Card for a 10 Days' Supply Fill until this individual's permanent card can be provided.
- **Create the ID number** based off the criteria provided and write it, along with individual's name, on the ID card below.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

Mitchell ScriptAdvisor Temporary Prescription Benefit Card



SCRIPT CARE, LTD.

Attention Pharmacists: Process through Script Care and Enter RxBIN, RxPCN and GROUP.

Member Name:

Member ID #:

Date of Injury + Date of Birth (Example:
MMDDYYMMDDYY)

Rx BIN: 023377

PCN: MPS

Group: 0001027T

Questions? Need Help?



Call (866) 846-9279

Our representatives are available 24/7 to answer any questions you may have regarding your pharmacy benefits.

This card is to be used for prescriptions related to your workers' compensation injury covered under the workers' compensation insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card.



AN ENLYTE COMPANY

Mitchell International
866.221.6588

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RÁPIDO Y SIMPLE: OBTENER SU PRIMERA RECETA SURTIDA

Mitchell ScriptAdvisor ha sido seleccionado por Yosemite Community College District para ayudarlo a obtener medicamentos recetados relacionados con su reclamo de compensación para trabajadores. Este formulario le permite surtir recetas escritas por su médico autorizado de compensación de trabajadores para medicamentos relacionados con su lesión. Simplemente preséntelo en la farmacia en el momento en que se surta su receta. Este formulario debe garantizar que NO tendrá gastos de bolsillo. Tenga en cuenta: Esta es una tarjeta de prescripción temporal; es posible que reciba una tarjeta de medicamentos permanente en el futuro.

Para su comodidad, Mitchell ScriptAdvisor tiene una extensa red de farmacias minoristas, incluidas las principales cadenas de farmacias. Para ubicaciones de farmacias, puede llamar a nuestro número gratuito al 866.846.9279 o visitar nuestro sitio web en www.mitchellscriptadvisor.com para acceder al localizador de farmacias.



Empleado

- Puede comunicarse con el Servicio al Cliente de Mitchell al (866) 846-9279 o puede presentar esta hoja al farmacéutico junto con su receta.



Farmacia

- Esta hoja es una tarjeta de identificación de prescripción temporal para un suministro de 10 días hasta que se pueda proporcionar la tarjeta permanente de esta persona.
- Cree el número de identificación basado en los criterios proporcionados y escríbalo, junto con el nombre del individuo, en la tarjeta de identificación a continuación.
- Todos los datos necesarios para procesar este script a través del Sistema de Adjudicación de Script Care se incluyen en la tarjeta de medicamentos que se representa a continuación.

Mitchell ScriptAdvisor

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