



Contact:

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P.O. Box 14495

Lexington, KY 40512

Phone: (866) 495-7844

Utilization Review:

Toll Free: 866-286-0281

Fax: 877-922-7236

Pharmacy:

Optum: 888-764-1284

Healthcare Network:

Alliance

<https://www.pswca.org/>

Texas Council Risk Management Fund Employee

Acknowledgment of PSWCA Direct Contracting Program

I have received information that informs me of my employer's relationship with the Political Subdivision Workers' Compensation Alliance and how to get health care if I suffer a work related injury/illness.

If I am injured on the job, I understand that:

1. I must choose a treating doctor from the list of doctors provided by my employer or obtain the list myself which is located at **www.pswca.org**.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. **TCRMF** will pay the treating doctor and other referral providers.
4. I may be required to pay for health care received from a provider if that provider is not on the approved list.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.
6. Additional information regarding the **PSWCA** is available on my pool's website at **www.tcrmf.org**.

Signature

Date

Printed Name

I live at: _____
Street Address

City State Zip Code

Name of Employer:

Call TWARMF at 1-800-580-8922 if you need assistance locating a treating provider.

Please indicate whether this is the:

- ☐ Initial Employee Notification
- ☐ Injury Notification -Date of Injury: _____

PLEASE RETURN THIS FORM TO YOUR EMPLOYER

Important Contact Information

- Alliance website is www.pswca.org
 - Alliance phone number is 1-866-99-PSWCA (1-866-997-7922)
- To contact TCRMF, visit www.tcrmf.org or call 1-800-580-6467

12921 S Vista Station Blvd
Draper, UT 84020

Making it easy to get workers' compensation prescriptions filled

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured person:

If you need a prescription filled for a work-related injury, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. In most cases, the pharmacy will fill the prescription at no cost to you.

If your workers' compensation claim is accepted, you will receive a permanent pharmacy card in the mail. Please use that card for other work-related injury prescriptions.

Find a network pharmacy

Most pharmacies and all major chains are included in the network. To find a network pharmacy call **1-866-599-5426** or visit **tmesys.com**.



Questions? Need Help?

1-866-599-5426

Employer:

Immediately upon receiving notice of injury, fill in the information below and give this form to the employee.




WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

Sedgwick CARRIER/TPA	Texas Council Risk Management Fund EMPLOYER
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INJURED PERSON NAME	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: **tmesys.com**.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC	Envoy
RxBIN	004261	or 002538
RxPCN	CAL	or Envoy Acct. #
GROUP	SCM5856FF	

NOTE: This First Fill card is only valid for your workers' compensation injury.

Hacemos más sencillo que se le abastezca las recetas de su programa de compensación por accidentes laborales

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

Persona lesionada:

Si necesita que se le abastezca su receta médica para una lesión relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. En la mayoría de los casos, la farmacia abastecerá la receta sin costo para usted.

Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones relacionadas con su trabajo.

Cómo encontrar una farmacia de la red

La mayoría de farmacias y todas las grandes cadenas de farmacias forman parte de la red. Para ubicar una farmacia de la red, llame al **1-866-599-5426** o visite **tmesys.com**.



¿Tiene alguna pregunta?
¿Necesita ayuda?

1-866-599-5426

Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información que aparece a continuación y entregue este formulario al empleado.




WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

Sedgwick CARRIER/TPA	Texas Council Risk Management Fund EMPLOYER
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INJURED PERSON NAME _____

Please provide directly to Pharmacist

SOCIAL SECURITY NUMBER _____	DATE OF INJURY (YYMMDD) _____
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Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: **tmesys.com**.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC	or	Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	SCM5856FF		

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