





Workers' Compensation Prescription Information

_____ (employer):

Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

 Claims Administrative Services, Inc. <small>Our reputation for excellence is no accident.®</small>		
Employee Name:		
Group#:	10602583	
Member ID (SSN):		
Date of Injury:		
Processor:	mymatrixx	
Bin#:	014211	
Day supply is limited to 7 days for a new injury		
myMatrixx Help Desk: (877) 804-4900		

Employer Signature:	Phone:	Date:
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Employee:

CAS has partnered with **myMatrixx** to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 60,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900

Pharmacist: Please obtain the above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only. Document only valid if signed and dated by employer above.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.