

## Workers' Compensation Prescription Information

**Employer:**

Please fill out employee information below and provide employee with this document to take to any pharmacy for his/her Workers' Compensation prescriptions.

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**Employee:**

Broadspire has partnered with Cadence Rx 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. Cadence Rx has a network of over 72,000 pharmacies nationwide. To locate a network pharmacy near you, please use the pharmacy locator at <http://cadencerox.com/find-a-pharmacy/> or call Cadence Rx toll free at 1-888-813-0023.

**IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE AT THE PHARMACY PLEASE CALL  
 1-888-813-0023**

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**Pharmacist:**

Please obtain below information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only.

For questions or rejections please call 1-888-813-0023. Please do not send patient home or have patient pay for medication(s) before calling Cadence Rx for assistance.

**NOTE:** Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

**FOR ANY QUESTIONS OR ASSISTANCE WITH MEDICATION APPROVALS PLEASE CALL:  
 1-888-813-0023**

Prescription Drug ID Card



<b>Employee Name:</b>	
<b>Member ID Number*</b>	<b>FF</b>
<b>Date of Injury:</b>	
<b>Group Number:</b>	<b>BROADSPIRE</b>
<b>PCN Number:</b>	<b>CRX</b>
<b>BIN Number:</b>	<b>021460</b>

Card Created On: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Card Valid for Date of Injury Only



Pharmacy Information

This form allows you to fill your initial prescriptions with a maximum cost of \$300 per medication and no more than a 14-day supply per prescription. Pharmacy, if you need assistance processing this claim, please call 1-888-813-0023.

The pharmacy benefit card is only to be used for medications prescribed for your work-related injury. By using this card, you acknowledge and accept financial responsibility for any prescriptions billed under this card that are later found to be unrelated to your injury.

- **Member ID format: The ID must start with FF followed by the last 4 digits of social security number plus 8- digit Date of Injury (MMDDYYYY). Example: FF999901302018**