



ExpressComp®

Workers' Compensation Temporary Prescription Services ID Important Information

ATTENTION INJURED WORKER

This Workers' Compensation Temporary Prescription Services ID form MUST BE PRESENTED to your pharmacist when you fill your initial prescription(s). If you have questions or need to locate a participating pharmacy, please contact Express Scripts Customer Service at 877-595-3665.

ATENCIÓN: TRABAJADOR LESIONADO

Este formulario de Identificación para Servicios Temporales de Prescripción de Recetas por Compensación del Trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es). Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 877-595-3665.

NOTE: Due to regulations concerning liability, do not issue this Temporary Prescription Services ID form to employer locations/ employees located in the following states: CT, MA, ME, MN, NH, NY, OH, RI. The injured employee will receive a permanent prescription card and pharmacy benefit packet from Express Scripts, Inc. once the claim is deemed compensable by Keenan & Associates. Use of this card does not constitute the acceptance of compensability of your claim.

<p align="center">Keenan & Associates</p> <p>Attention Supervisor: 9 digit SSN#, date of injury, pre-printed group number and date of birth must be completed.</p> <p>ID # --- -- --- Injured Workers' Claim ID</p> <p>DATE OF INJURY ---/--/-- CCYY/MM/DD</p> <p>GROUP # Keenan1</p> <p>EMPLOYEE DATE OF BIRTH --/--/----</p>	<p>EMPLOYEE NAME</p> <hr/> <p>FIRST MI LAST</p> <hr/> <p>MAILING ADDRESS STREET</p> <hr/> <p>CITY STATE ZIP</p> <p>EMPLOYER'S NAME _____</p> <p>DIVISION OR DEPARTMENT _____</p> <p><i>Help Desk:</i> This is a POS program through Express Scripts only. For assistance call the Express Scripts Help Desk at 877-595-3665.</p>
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Attention Pharmacist:

Keenan & Associates Workers' Compensation prescription program is administered by Express Scripts. The following are the steps necessary to submit a claim for Keenan injured workers.

Please follow the action steps listed below to enter the claim. Be sure you are using NCPDP version 3.2 allowing for faster service.

Step 1	Enter Bin Number 003858
Step 2	Enter Processor Control A4
Step 3	Enter the Group Number as it appears above
Step 4	Enter the injured worker's 9 digit SSN#
Step 5	Enter first name & last name
Step 6	Enter the injured worker's date of injury (enter in PA field in the format ccyyymmdd)

NEED ASSISTANCE?

Pharmacist, if you have any questions while processing the claim, please call the Express Scripts Help Desk at 877-595-3665.