



Pharmacy First Fill Letter of Intent

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| Injured Employee: | | Employee Social Security Number: | |
| Employee Phone: | | Employee Date of Birth: | |
| Pharmacy Name: | | Pharmacy Phone Number: | |

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|------------------------|--|
| Date of Injury: | |
| Description of Injury: | |

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|---------------|--|------------------------|----------|
| Employer: | | State of Jurisdiction: | Arkansas |
| Employer Rep: | | Employer Rep Phone: | |

Employer: Arkansas Municipal League has selected Preferred Medical to administer the prescription drug program for your injured employee's workers' compensation claim. Please complete the top portion of this Letter of Intent and present it to your injured employee when you receive first notice of the injury. **Please email intake@thepreferredmedical.com or fax 502-489-5045 a copy of this letter to Preferred Medical.**

Employee: Please present this Letter of Intent to a participating pharmacy. Preferred Medical provides an extensive network of pharmacies, both large and small and a full list of our network pharmacies are available on our website at www.thepreferredmedical.com. You may also contact Preferred Medical on their toll-free line at **888-586-4650 Option 1** for a list of local participating pharmacies.

This Letter of Intent is to be used for your **initial** medication fills only. This letter will provide your pharmacist electronic access to information regarding your eligibility for workers' compensation Rx benefits.

If your claim is accepted, in approximately ten business days you will receive a permanent Rx card from Preferred Medical.

Use of this Letter of Intent is limited to medications associated with your workers' compensation injury. The payer reserves the right to restrict or suspend the use of your benefits associated with this program at any time.

Pharmacist: Preferred Medical administers this workers' compensation prescription drug program through the ProCare Rx network. For immediate online billing information, contact Preferred Medical at **888-586-4650 Option 1**. ***Please Note:** You may be required to fax or email a copy of the Letter of Intent to 502-489-5045 for verification purposes.

Pharmacy processing steps:

1. Call Preferred Medical at **888-586-4650 Option 1** to obtain the Member ID Number.
2. Enter BIN number: **023237**
3. Enter Processor Control Number (PCN): **PMN**
4. Group Number: **PREF3000**
5. Enter the Member ID provided by Customer Service.
6. Enter Person Code **01**