Progressive Medical's First Fill® Program

When an injured party needs medication immediately, the First Fill option allows you to approve these prescriptions and get them on the road to recovery.

Questions?
866.939.6014

Instructions for the Company

- Fill in the ID/Auth# per the First Fill card below along with the name, date of birth and gender.
- Instruct the injured party to take the First Fill card and their prescription to the pharmacy.
- Report the claim to TML-IRP.

Note: If additional medications are required, the claims professional should contact Progressive Medical to use our Retail Drug Card program. If additional First Fill cards are needed, or if you have any questions about the use of this program, please contact Progressive Medical at 1.866.939.6014 and ask for the Pharmacy Services Coordinator.

Questions?
866.939.6014

Instructions for the Injured Party

- Report your injury to the appropriate staff.
- At the bottom of this form is a First Fill card that will allow you to obtain the "initial" prescriptions needed upon injury with no out-of-pocket expense.
- A sample list of "Participating Pharmacy Chains" that accept this First Fill card is on the back of this sheet.
- Present your First Fill card and your prescription to the pharmacist.
- This card is for a one time use to receive your medications per your company benefits. Use of this card is only for your workers' compensation injury for which this claim was made.
- If you have any questions, call Progressive Medical toll-free at 1.866.939.6014. Our Client Services Specialists are available 24-hours a day to take care of your needs.

PLEASE NOTE: IF YOUR WORKERS' COMPENSATION CLAIM IS ACCEPTED, YOU WILL RECEIVE A RETAIL DRUG CARD IN THE MAIL. PRESENT THAT CARD WHEN FILLING OTHER INJURY-RELATED PRESCRIPTIONS.

FIRST FILL® CARD

BIN#: RESTAT 600471

Company Name: TML-IRP

Group/Plan#: E504

Person Code: 00 (zero, zero)

ID/Auth#: _____

SSN (9 digits, no dashes) Date (6 digits, no dashes) E.g. if the SSN is 000-00-0000 and today's date is May 21, 2007, the ID/Auth# is 000000000052107.

Injured Party's Name: _____

Date of Birth: _____ **Gender:** _____

1.866.939.6014 PROGRESSIVE Medical, Inc.

You may contact Progressive Medical, Inc. for issues with your card, prior authorization or claim rejections, by calling **866.939.6014**.

Pharmacist: If you experience any problems, please call 866.939.6014.

Disclaimer: It is important to note the issue will be determined by the claims department and the confirmation of this treatment/ service request is in no way intended as an endorsement of the treatment/service request, nor is it intended to interfere with the provider from his or her duty to adhere to any applicable practice standards.

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First Fill® Program

Cuando una persona lesionada necesita medicamentos de inmediato, la opción con la tarjeta First Fill (Surtir primero) le permite autorizar estas recetas y ayudarle a recuperarse.

¿Preguntas? 866.939.6014

Instrucciones para la compañía

- Anote el número de identificación/autorización en la tarjeta First Fill al verso junto con el nombre, la fecha de nacimiento y el sexo.
- Indique a la persona lesionada que lleve la tarjeta First Fill y su receta a la farmacia.
- Reporte la reclamación a TML-IRP.

Nota: Si se requiere recibir medicamentos adicionales continuamente, el profesional de reclamaciones debe ponerse en contacto con Progressive Medical para utilizar nuestro programa de Tarjeta de Medicamentos al por Menor. Si se necesitan tarjetas First Fill adicionales, o si tiene alguna pregunta sobre cómo usar este programa, llame a Progressive Medical al 1.866.939.6014 y pida hablar con el Coordinador de Farmaceuta.

Instrucciones para el lesionado:

¿Preguntas? 866.939.6014

- Reporte la lesión al personal apropiado.
- Al verso aparece una tarjeta First Fill que le permitirá obtener los medicamentos "iniciales" necesarios para la lesión sin costo de su parte.
- A continuación se encuentra una lista de muestra de las "Cadenas de Farmacias Participantes" que aceptan esta tarjeta First Fill.
- Presente su tarjeta First Fill y su receta al farmaceuta.
- Esta tarjeta es para uso de una ves para recibir sus medicamentos relacionados a su lesion y los beneficios de su empresa. Uso de esta tarjeta es solo para su lesion de compensation a los trabajadores mas reciente.
- Si tiene alguna pregunta, llame a Progressive Medical al 1.866.939.6014. Nuestros coordinadores están disponibles las 24-horas al día.

NOTA: SI SE ACEPTA SU RECLAMO DE COMPENSACIÓN DEL SEGURO OBRERO, RECIBIRÁ POR CORREO UNA TARJETA DE FARMACIA AL POR MENOR. PRESENTE ESA TARJETA AL SURTIR RECETAS SUBSECUENTES RELACIONADAS CON EL TRABAJO.

Sample Listing of Participating Pharmacies

The below is a sampling of nearly 64,000 pharmacies that honor our program:

Albertsons	Receipt Pharmacy	Costco
H-E-B Pharmacy	Sam's Pharmacy	Wal-Mart Pharmacy
Brookshire Brothers	Texas Oncology Pharmacy	CVS Pharmacy
Walgreens	Tom Thumb	Target Pharmacy
K-Mart	United Pharmacy	
Randall's	Medicine Shoppe	

For additional pharmacies within your area, call Progressive Medical's Client Services department at 1.866.939.6014 or visit our Web site at www.progressive-medical.com. Go to either Workers' Compensation or Auto No-Fault, Tools and Resources, Pharmacy Look Up and enter your city, state or zip code and click on "Locate". You will see a listing of pharmacies in your area.