



INSTRUCTIONS FOR PRESCRIPTION BENEFIT CLAIMS

Dear Injured Worker:

The below AspenCompRx temporary prescription benefit card will authorize you to obtain prescription medications for your work-related injury, with no out-of-pocket expense. The card will be activated when the pharmacy processes the prescription medication along with all necessary information. Once activated, it will authorize you to obtain prescription medications that are directly related to your work injury. *NOTE: there may be limitations to how much of your prescription may be dispensed using this temporary benefits card, based on various elements such as jurisdiction and/or other restrictions in place for your employer's prescription benefit plan.*

This card is to be used ONLY for prescriptions related to your work injury. Should you attempt to use it for prescriptions not related to your work injury, it will become your responsibility to pay for those prescriptions.

Please avoid having any prescription related to your work injury filled directly by the prescribing physician's office, as most physicians do not accept prescription benefit cards for billing purposes.

You may fill your prescriptions at the AspenCompRx network pharmacy of your choice, which includes all major retail pharmacies.

For help finding your nearest network pharmacy, please call AspenCompRx at 1-866-337-6426 for assistance.

For other questions regarding your work-related injury, please call 1.888.55TRISTAR (1.888.558.7478) to contact your TRISTAR claims examiner.

Your AspenCompRx temporary prescription benefit card contains important claims and customer service information for you and your pharmacist. Please present the lower portion of this letter to your pharmacist when filling any prescription related to your work injury. A permanent card may be mailed to replace this temporary card.




Workers Compensation Rx Benefit Card

Rx BIN: _____

Rx PCN: _____ This card is for Workers Compensation prescriptions only.

Rx Group: _____

Rx ID: _____ First Fill Only

Employee Name: _____

Employer Name: _____

Injury Date: _____

Present this card along with your prescription when ordering your medications. If you have any questions regarding your pharmacy benefit program, please call Customer Service. Available 7 days a week / 24 hours a day.

For Employees/Pharmacists: 866-337-6426

Card Instructions: Pharmacy should submit claims using the workers' compensation claim segment. This is an interim prescription benefit card and can only be used for an injured worker's first prescription fills.

Card will activate upon prescription submission

If you have any issues filling a prescription, please contact the Pharmacy Help Desk number listed above.

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