Mitchell ScriptAdvisor

Metro IOD First Fill Form - 202

Mitchell ScriptAdvisor has been selected by the Metropolitan Government of Nashville to assist you in obtaining prescription drugs related to your injury on duty claim. This form enables you to fill prescriptions written by your authorized IOD physician for medications related to your injury. Simply present it at the pharmacy at the time yourprescription is filled. This form should ensure that you will have NO out-of-pocket expenses when you fill your first prescription. Please Note: This is a temporary prescription card, you may receive a permanent drug card in the future.

For your convenience, Mitchell ScriptAdvisor has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number at 866.846.9279 or visit our website at www.mitchellscriptadvisor.com to access the pharmacy locator.

Employee
• You may contact Mitchell Customer Service at 866.846.9279 or you may present this sheet to the pharmacist along with your prescription.

Pharmacy
• This sheet is a Temporary Prescription ID Card until this individual's permanent card can be provided.
• Create the ID number based off the criteria provided and write it, along with individual's name, on the ID card below.
• All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

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SCRIPT CARE, LTD.

Temporary Prescription Benefit Card

Attention Pharmacists: Process through Script Care and Enter RxBIN, RxPCN and GROUP.

Member Name:

Member ID #:

Date of Injury + Date of Birth (Example: MMDDYYMMDDYY)

Rx BIN:	019082
PCN:	MPS
Group:	MPS0001145C

Questions?
Contact us at 866.846.9279