First Fill

Simplifying the prescription process and helping workers take the first step toward getting well

Texas Mutual's First Fill Program enables your employees to get prescribed medication quickly after an injury occurs, even if you haven't had the opportunity to file a claim. Injured workers can get a seven-day supply for each covered prescription with a maximum of $500 per prescription with just the First Fill form.

Complete the First Fill form on the back of this sheet and advise your employee to present it at a participating Optum pharmacy.

The form is valid for the first fill and cannot be used if the first prescription fill is being requested more than 10 days after the injury occurred.

If additional forms are needed, visit the employer forms section at texasmutual.com.

FILL OUT THE FORM TO START

TexasMutual®
WORKERS' COMPENSATION INSURANCE
WORK SAFE, TEXAS®

texasmutual.com | worksafetexas.com

OPTUM®

Prescription First Fill Form

Texas Mutual®
WORKERS' COMPENSATION INSURANCE

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Prescription First Fill Instructions

1. Participating Optum pharmacies include Walgreens, CVS, Walmart, Kroger, Target, Costco, Sam's Club, Brookshire, HEB and Tom Thumb. To locate other participating pharmacies, visit www.texasmutual.com/hcn or www.tmesys.com.

2. Complete the form and take to the pharmacy along with your prescription from the provider.

3. This form allows you to fill your initial prescription(s) with a maximum cost of $500 per covered prescription and a maximum seven day supply.

4. If you have questions, please call us at **(866) 599-5426**, available 24 hours a day, seven days a week.

Bin #: **004261**   PCN#: **CAL**   Group Number: **TXSMFF**

Member ID: _____   Date of injury + SSN combined as follows: YYMMDD123456789

Member Name: _____   Injured worker's first and last name

Employer Name: _____

Date of Injury: _____

Pharmacy Help Desk: **(800) 964-2531**

PLEASE NOTE: This form is only **valid within 10 days** of the injury date. Once your claim has been reviewed, you will be sent a new card in the mail. If you do not receive a pharmacy card, please call us **at (866) 599-5426**.

Issuance of this letter or dispensing of a prescription does not constitute acceptance of your claim.

Optum | P.O. Box 152539 | Tampa, FL 33684-2539

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