



Workers' Compensation Temporary Prescription ID

Dear Injured Worker:

Take this to your pharmacist when you fill your initial prescription(s). If you have any questions or need to locate a participating pharmacy, please contact PMOA at (800) 661-1494.

Employee

Name: _____

ID#: _____

Enter CCMSI, last 4 digits of Social Security number and Date of Accident (Example: CCMSI and the last four digits of their social is 1234 and date of accident was 12/20/2010)

The EXAMPLE ID# is: **CCMSI1234122010**

Attention Pharmacy:

Please use the following information to enter the claim. If you have any questions or problems, please call PMOA at (800) 661-1494

Plan	Enter Bin Number 004410
PCN	Enter Process Control Number EMR
Group	KPCENTA
ID	See above
Name	See above

If you need assistance, please contact the PMOA help desk at:

(800) 661-1494