



## Your PBM Support Team

AmeriSys / State of Georgia

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### 24/7/365 Customer Service

**(877) 804-4900, ext. 2**

**(813) 247-3391 - fax**

**info@myMatrixx.com**

### Processing Information

**Group#: VN4A**

**BIN#: 003858**

**PCN: WC**

### Clinical Questions

**(800) 785-0881**

**clinical@myMatrixx.com**

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### Account Executive

**Sabrina Austin**

**813-749-3806**

**saustin@myMatrixx.com**

### Account Manager

**John Haubrich**

**813-695-8265**

**jdhaubrich@myMatrixx.com**

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## State of Georgia Workers' Compensation Prescription Information

### State of Georgia Employer:

Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

|   |        |
|---|--------|
| Employee Name:                                    |        |
| Group#:   | VN4A   |
| Member ID (SSN):                                  |        |
| Date of Injury:                                   |        |
| Processor:  | WC     |
| Bin#:   | 003858 |
| Day supply is limited to 3 days for a new injury. |        |
| myMatrixx Help Desk: (877) 804-4900               |        |

|                        |        |       |
|------------------------|--------|-------|
| Employer<br>Signature: | Phone: | Date: |
|------------------------|--------|-------|

### State of Georgia Employee:

The State of Georgia has partnered with **myMatrixx** to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 60,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

**IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900**

**Pharmacist:** Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only. Document only valid if signed and dated by employer above.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

**NOTE:** Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

**FOR ALL REJECTIONS OR QUESTIONS CALL: (877) 804-4900**