

Your PBM Support Team

AmeriSys / State of Georgia

Customer Service Information

24 hours a day/ 7 days a week/ Holidays

Toll Free Telephone: **(866) 846-9279**

Fax Number: (949) 271-4621

Email: scriptadvisorcs@enlyte.com

Website: www.enlyte.com/scriptadvisor

Escalation Contacts

Program/Scripts Support: **ScriptAdvisor Customer Service Leads**

Email: scriptadvisor.csleadsgroup@enlyte.com

Name: **Melanie Cross**, Senior Client Services Manager

Contact Telephone: (520) 904-7735

Email: melanie.cross@enlyte.com

Pharmacist or Clinical Inquiries

Email: askthepharmacist@enlyte.com

Pharmacy Processing Information

- Member Name
- Member ID (System Generated by ScriptAdvisor on Claimant Drug Card, Unique for Every Member)
 - *Example: 001-00002-00003*
- **Rx Bin: 023377**
- **PCN: MPS**
- Group: There is no group required for the permanent card. If the pharmacy requires a group to be entered, they can use 01.

FAST & SIMPLE: GETTING YOUR FIRST PRESCRIPTION FILLED

ScriptAdvisor has been selected by AmeriSys to assist you in obtaining prescription drugs related to your claim. This form enables you to fill prescriptions written by your authorized physician for medications related to your injury. Simply present it at the pharmacy at the time your prescription is filled. This form should ensure that you will have NO out-of-pocket expenses.

Please Note: This is a temporary prescription card; you may receive a permanent drug card in the future.

For your convenience, 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.enlyte.com/scriptadvisor to access the pharmacy locator.



Employee

- You may contact ScriptAdvisor 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 for a 10 Days' Supply Fill 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.

ScriptAdvisor

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: 023377

PCN: MPS

Group: 001819TC

Questions? Need Help?



Call (866) 846-9279

Our representatives are available 24/7 to answer any questions you may have regarding your pharmacy benefits.

This card is to be used for prescriptions related to your injury covered under your insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card.

ScriptAdvisor®

866.846.9279

© 2024 Enlyte Group, LLC.