



**Injured Worker:**

Please provide this form to the pharmacy to receive your work-related injury prescriptions at no out-of-pocket expense to you.

Questions or assistance locating a participating retail network pharmacy? Call Corporate Pharmacy Services customer care at 866.429.1116.

**Atención Trabajador Lesionado:**

Proporcione este formulario a la farmacia para recibir su lesión relacionada con el trabajo recetas sin gastos de bolsillo para ti.

¿Preguntas o ayuda para localizar un Farmacia minorista participante de la red? Llame al cliente de Corporate Pharmacy Services Atención al 866.429.1116.

Thank you for using a retail network pharmacy. This helps us control the ever-increasing cost of healthcare.

**Company:**

South Carolina AC - Newberry Co.

**Pharmacist:**

Please use the following information to process prescriptions for the below listed injured worker. EHO is the processor for these claims.

**Employee:**

\_\_\_\_\_  
First MI Last

ID#=NE + SSN

Date of Birth: \_\_\_\_\_

Group #: 59100

Date of Injury#: \_\_\_\_\_

PA#: \_\_\_\_\_

\*\*The date of injury is the override number that should be placed in the Prior Authorization (PA) field when processing a prescription. The override number should be entered in **YYMMDD** format. For example, if the date of injury is 12/25/20, it should be entered as 201225 in the PA field.\*\*

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Processor: EHO

Bin #'s: NDC=004527 OR 004880  
Change/Web MD = 003241  
CVS Condor Code = 15721  
Walgreen's = ehwc

Version: D.0  
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**For assistance call 866.429.1116**