EMPLOYER INSTRUCTIONS:
- SUBMISSION OF THIS FORM ACKNOWLEDGES THAT THE REPORT OF INJURY HAS BEEN FILED
- USING THE EXAMPLE BELOW COMPLETE THE TEMPORARY CARD ID AND PROVIDE TO INJURED EMPLOYEE

EMPLOYEE INSTRUCTIONS:
- FOR TEMPORARY ENROLLMENT PURPOSES ONLY, THIS FORM MUST BE PRESENTED TO THE LOCAL PHARMACY TO OBTAIN YOUR INITIAL PRESCRIPTION
- FOR QUESTIONS REGARDING YOUR BENEFIT PLAN CONTACT PMOA’S CUSTOMER SERVICE DEPARTMENT AT 1-877-232-6520
- PLEASE NOTE: YOU WILL RECEIVE A PERMANENT RETAIL CARD IN THE MAIL FOR YOUR WORKERS’ COMPENSATION INJURY

PHARMACY INSTRUCTIONS:
- USE THE INFORMATION BELOW TO PROCESS THE INITIAL PRESCRIPTIONS
- CONTACT 1-800-661-1494 FOR ANY PRIOR AUTHS OR TO OBTAIN THE PERMANENT MEMBER/GROUP ID FOR FUTURE FILLS

Present this form to the local pharmacy to obtain your initial prescription. Common participating pharmacies (including, but not limited to):

<table>
<thead>
<tr>
<th>Walmart</th>
<th>Kroger</th>
<th>CVS</th>
<th>Kroger</th>
<th>Tom Thumb</th>
<th>Kmart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phar-Mor</td>
<td>Winn-Dixie</td>
<td>Walgreens</td>
<td>Randalls</td>
<td>United Drugs</td>
<td>Target</td>
</tr>
<tr>
<td>Sam's Club</td>
<td>Southwest</td>
<td>HEB</td>
<td>Med-Rite</td>
<td>Albertson's</td>
<td>Brookshire Brother's</td>
</tr>
<tr>
<td>Safeway</td>
<td></td>
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</tbody>
</table>

To locate a pharmacy nearby, use our "Pharmacy Locator" at www.pmoainc.com or call 1-877-232-6520

Disclaimer: It is important to note that compensability will be determined by the claims department and the confirmation of this treatment/service request is in no way intended as an endorsement, nor is it intended to interfere with the provider from the duties to adhere to any applicable practice standards.
EMPLEADOR:

SUMISIÓN DE ESTA FORMA RECONOCE QUE EL REPORTE DE UN ACCIDENTE HA SIDO ESTABLECIDO

EMPLEADOS:

ESTA FORMA TIENE QUE PRESENTARSE A SU FARMACIA LOCAL PARA INICIAR EL RECIBO DE SUS MEDICINAS. SI USTED TIENE PREGUNTAS O NECESITA AYUDA PARA LOCALIZAR UNA FARMACIA PARTICIPADORA, POR FAVOR LLAMA A PMOA AL 877-232-6520 EXT. 6463.

“ATENCION FARMACIA”

POR FAVOR USE LA SIGUIENTE INFORMACION PARA SU RECLAMA, SI TIENE PREGUNTAS O PROBLEMAS POR FAVOR LLAMAR A PMOA AL 800-661-1494

Temporary Work Comp Prescription Card
For PRIOR-AUTH Assistance call: 800-661-1494

Employer: _____________________________________________
Name: ________________________________________________
Date of Injury: _________________________________________
ID: ____________________________________________________

CCMSI + Last 4 of SSN + Date of injury (MMDDYY)
(ID Example: CCMSI1234 101411)

BIN: 004410 PCN: SCI GROUP: T01A

PRESENTE ESTE FORMULARIO A LA FARMACIA LOCAL PARA OBTENER SU PRESCRIPCION INICIAL. ALGUNAS DE LAS FARMACIAS PARTICIPANTES SON:

WALMART KROGER CVS KROGER TOM THUMB KMART
PHAR-MOR WINN-DIXIE WALGREENS RANDALLS UNITED DRUGS TARGET
SAM'S CLUB SOUTHWEST HEB MED-RITE ALBERTSON'S BROOKSHIRE BROTHER'S SAFEWAY

PARA LOCALIZAR UNA FARMACIA CERCA, USAR NUESTRO "PHARMACY LOCATOR"
EN WWW.PMOAINC.COM O LLAMAR 1-877-232-6520 EXT. 6463

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