Workers' Compensation
First-Fill Prescription Form

With this form, a seven to 10 supply of medication will be provided to the injured employee at no cost. Instruct the injured employee to take this form to a network pharmacy and present this to the pharmacy with their prescription(s).

There are more than 61,000 pharmacies nationwide in the network and more than 1,500 in Virginia. The network includes all major chains (CVS, Rite Aid, Walgreen, Wal-Mart, etc.) as well as most of the medium and small local pharmacies. To view the pharmacy network or find a local pharmacy, visit: www.modernmedical.com, scroll down and at the bottom left hand corner is a pharmacy location feature (as well as a drug lookup).

Once the claim is received and reviewed by VML Insurance Programs (VMLIP), VMLIP will let the pharmacy provider know if the claim is accepted or denied. If accepted, the remaining supply of medication will be filled. Any future prescriptions the injured employee needs will be direct billed through the pharmacy provider. A pharmacy representative will also contact the injured employee and explain the process. If the claim is denied, there is no financial consequence to the injured employee for the first fill.

Important Information and Instructions for providing a first fill form to an injured employee:

- This form is for workplace injuries only and for VMLIP workers' compensation members only.
- A workers' compensation claim must be reported to VMLIP or to NT24.
- Pre-fill the employee's name and Social Security Number before providing this form to the employee.
- Only provide this form to an employee after the initial treatment when medication is prescribed.
- If the claim is reported late or the employee waits to seek treatment (a week or more following the injury), do not provide the employee with this form, have the employee contact their VMLIP claim representative at 1 (800) 963-6800.
- This form is valid for one time use only. Do not provide an employee with additional forms for the same injury. For additional medication beyond the first fill, the injured employee must contact their VMLIP representative at 1 (800) 963-6800.

modern MEDICAL INCORPORATED

Instant Coverage Workers' Compensation Prescription Program

Plan, Carrier, Group: VML _____
Employer: _____
Employee's Name: _____
Employee's SS#: _____

Attention Pharmacist

Please retain for your records; billing is through InformedRx.

informedRx® an SXC company

Customer Service: 1-800-547-3330
BIN No. 610011
PCN: IRX

Covered medications include only
Those normally used in Workers'
Compensation injury cases.
Process prescriptions through InformedRx.

Administered By:
Modern Medical, Inc. 1-800-547-3330

Print Form

Instructions for Prescription card: Write in employee's name and Social Security Number. Give card to pharmacist along with prescription written by physician. Card is valid for first fill of prescription only and will deactivate after first use. Should an employee encounter problems, immediately contact Modern Medical at 1-800-547-3330 Refills must be authorized by VML Insurance Programs.