



## PRESCRIPTION FIRST FILL FORM


### MAKING IT EASY... TO GET YOUR EMPLOYEE INJURY-RELATED PRESCRIPTIONS FILLED.

Helios has been chosen to manage your employee injury-related pharmacy benefits for your employer. Below is your First Fill card that will allow you to receive your prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

#### Injured Individual:

 If you need a prescription filled for an employee injury that has been reported to your McDonald's Manager, go to a Helios Tmesys network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at no cost to you.

 If your claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use the card for prescriptions specifically related to your employee injury.

 Most pharmacies and all major chains are included in the network. To find a network pharmacy call 888.579.0050 or visit [www.tmesys.com](http://www.tmesys.com) and click on "Pharmacy Locator."

**Find a Network Pharmacy  
Questions? Need Help?**

 **888.579.0050**  
[www.tmesys.com](http://www.tmesys.com)

#### Employer:

Immediately upon receiving notice of the employee's injury, fill in the employee's name and date of injury and give this form to the employee.

**tmesys**<sup>®</sup>

Sedgwick McDonald's Owner Operator  
CARRIER/TPA EMPLOYER

INJURED EMPLOYEE NAME DATE OF INJURY (YYMMDD)

Please provide directly to Pharmacist  
SOCIAL SECURITY NUMBER

**Notice to Cardholder:** Present this card to the pharmacy to receive medication for your injury. To locate a pharmacy: [www.tmesys.com/pharmacy-locator](http://www.tmesys.com/pharmacy-locator)

**HELIOS**

**Attention Pharmacists:** Call 800.964.2531 to establish First Fill benefit eligibility and obtain the ID number for online adjudication of approved benefits for the injured Individual. Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy  
Help Desk 800.964.2531**

	<u>NDC</u>		<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #

**HELIOS**

*NOTE: This First Fill card is only valid for your covered employee injury.*

