



Workers' Compensation Trust Temporary Prescription Form

Employer:

In the event your injured worker needs a prescription, please fill out employee information below and provide employer with this document to take to any pharmacy with prescriptions.

Employee Name:	
Employer Name:	
Group#:	10602496
Member ID (SSN):	
Date of Injury:	
Processor:	mymatrixx
Bin#:	014211
Day supply is limited to 5 days for a new injury	
myMatrixx Help Desk: (877) 804-4900	

Employer Signature:	Phone:	Date:
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Employee:

Workers' Compensation Trust has partnered with **myMatrixx** to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 60,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

**IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL
(877) 804-4900**

Pharmacist: Please obtain the above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only. Document only valid if signed and dated by employer above.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.