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[www.kdheks.gov/hcf/ssif/default.htm](http://www.kdheks.gov/hcf/ssif/default.htm)

Susan Mosier, MD, Secretary  
Michael Randol, Director

Sam Brownback, Governor

## Workers' Compensation First Fill Prescription Form

Employee Name (First, MI, Last):	
Group #:	10002551
Member ID# (SS# plus 6 digit Date of Injury):	
Date of Injury (DD/MM/YY):	
Rx BIN:	800004

**Days' supply is limited to 7 days**

**Questions? Call the MedTrak Help Desk at 1.800.771.4648**

### Employee Instructions:

Present this First Fill Form from MedTrak along with your prescription(s) related to your **workers' compensation claim** to your local network pharmacy. The First Fill Form will allow you to fill approved medications at any of the more than 65,000 retail pharmacies including: Walgreen's, CVS, Dillons, Target, Wal-Mart and thousands of independent pharmacies. This form should only be used for prescriptions related to your workers' compensation claim. To locate a network pharmacy you may visit [www.medtrakservices.com/workcomp](http://www.medtrakservices.com/workcomp) or call 1.800.771.4648 for assistance.

There are no costs or co-pays at the pharmacy and your medication will be approved for a 7-day supply according to the guidelines established by the **State Self Insurance Fund**.

If your pharmacy is having difficulty processing your prescription please have them contact MedTrak at **1.800.771.4648** for assistance.

### Pharmacy Instructions:

Please process prescription(s) with the following information: Group #10002551, Rx BIN 800004, PCN 008126

For the Member ID#, please use the Injured Worker's social security number plus 6-digit Date of Injury (XXXXXXXXMMDDYY).

This First Fill Form allows for a 7-day supply limit to be dispensed. Please note certain medications are pre-approved for this patient, these medications will process without an authorization. All others will require prior authorization.

For assistance in processing the prescription please contact MedTrak at 1.800.771.4648.

**MEDTRAK**

Member ID: (SSN + 6-digit date of injury)

Coverage: State of Kansas Workers' Compensation

Group Number: 10002551

BIN # 800004 / PCN 08126

MedTrak Help Desk: 1.800.771.4648