

Alabama Retail Comp
Workers' Compensation
PriorityRx Prescription Payment Authorization Form

Please keep this Authorization Form on file with script for auditing purposes.

Pharmacist:

This is a temporary workers' comp Rx payment authorization form. Please submit the prescription using the processing information listed below.

Please contact CPS Customer Care at (866) 429-1116 if you have any questions.

To transmit a prescription claim, please use the following information:

Processing information

Processor: EHO (Employer Health Options)
Bin #'s: 004527 (most pharmacies use this number)
Envoy/WebMD = 003241
CVS Condor Code = 15721

(These specific pharmacy chains require special numbers to transmit prescriptions. All major chains and most independent pharmacies accept this plan.)

Version: D.O

Patient Information

Last Name: _____

First Name: _____

Group#: 70849 Sex: Male [☐] Female [☐]

ID#/ SS#: _____

D.O.B.: ____ / ____ / ____

Prior Authorization #: _____ **(retain this # for future use)**

****PA#= DOI in YYMMDD format [ex: July 20, 2014 would be 140720]****

Date Sent: _____

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