# Kentucky League of Cities
# 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 contact the M. Joseph Medical Help Desk at 844-DME-AND-Rx (844-363-2637) prior to submitting prescription(s).** If you have any questions or experience any issues, please contact M. Joseph Medical Help Desk at 844-DME-AND-Rx (844-363-2637).

**Processing information**

Processor: EHO (Employer Health Options)
Bin #'s: 004527 (most pharmacies use this number)
Envoy/WebMD = 003241
CVS Condor Code = 15721
Eckerd's/Rite Aid Condor Code = 2185

**(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#: 81209 Sex: Male ☐ Female ☐

ID#/ SS#: __ __ __ __ __ __ __ __ __

D.O.B.: __ __ / __ __ / __ __ __ __

Prior Authorization #**: _____(retain this # for future use)**
Prior authorization # = DOI in YYMMDD format (Example: July 20, 2014 would be 140720)

Employer: _____

Date Sent: _____

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