



**emeric, Inc.**

Date:

Name:

Address:

Address:

Re: Name:

Claim Number:

Dear \_\_\_\_\_:

Commonwealth of Kentucky Personnel Cabinet's contracted workers' comp administrator, CCMSI, has designated Emeric to provide you with a Workers' Compensation prescription program. This program allows injured employees to quickly fill their prescriptions at almost any pharmacy with no out-of-pocket expense, eliminating the wait for reimbursement. To utilize this plan, please follow this simple procedure:

- When your physician dispenses a prescription for medication related to your injury take it to your local pharmacy or any national chain pharmacy.
- You **must** present this letter to the pharmacist with your prescription to enroll in the program. This will provide the information necessary to process your prescription.
- The pharmacist will process your prescription on-line with Emeric.
- Your prescription will be filled at no cost to you. Your insurance company will be billed directly.
- If you currently have a prescription that is due to be refilled; present this letter to your pharmacist at the time you request your refill.

If you have any questions regarding this process, please contact Emeric toll-free at (800) 661-1494 or your workers' compensation adjuster at CCMSI (866) 320-8456.

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**Please Remove this Portion and Give to the Pharmacy**

**Pharmacist:**

Please use the following information to process the prescription. If you have any questions or problems please call the pharmacy help desk at (800) 661-1494.

**CLAIMANT'S NAME:**

**PLAN:**

**Emeric**

**MEMBER ID:**

**SSN/Date of Injury** \_\_\_\_\_

**GROUP :**

**Commonwealth of Kentucky**

*If your local pharmacy is not a participating provider, please have them call 1-800-661-1494 to become a member of our network.*