





Optum PO Box 152539 Tampa, FL 33684-2539

MAKING IT EASY...

TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

American Airlines, Envoy, PSA, Piedmont, US Airways

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



On your first visit, please give this notice to any network pharmacy to expedite the processing of your Workers' Compensation prescriptions. With the Optum Tmesys program, you do not need to complete any paperwork or claim forms. Simply present this Optum Tmesys First Fill Form to the pharmacy. You should not incur any costs or co-payments at the pharmacy for prescriptions for a work-related injury.

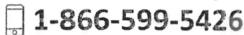


You will receive an Optum card in the mail once your claim has been reported to Sedgwick. Please use that card for other workrelated injury or illness prescriptions.



Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



OPTUM	sedgwick	
WORKERS' CO	APENSATION F	RESCRIPTION DRUG PROGRA
Sedgwick		American Airlines, Envoy, PSA Piedmont, US Airways
CARRIER/TPA	***************************************	EMPLOYER
Please provide dire		
SOCIAL SECURITY NUMBER		DATE OF INJURY (YYMMDD)
Notice to Cardholder		the pharmacy to receive medication for macy: tmesys.com,

Attention Pharmacists: Call 1-800-964-2531 to establish First Fill benefit eligibility and obtain the ID number for online adjudication of approved benefits for the injured worker.

Tracesys is the designated PBM for this patient.

Tracesys Pharmacy Help Desk

1-800-964-2531

| NDC | Envoy | | RxBIN | 004261 | or | 002538 | | RxPCN | CAL | or | Envoy Acct. #

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entitles comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc., dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procure Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."



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