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**PHARMACY:** Commonwealth of Virginia participates in First Script, a pharmacy benefit program administered by **ESI**. Please call the First Script Help Desk, 24 hours a day, 7 days a week, at 800.791.2080 to verify employee eligibility. First Script claims are submitted electronically and electronic approval of the claim will be returned. **You will not be required to submit any paperwork for this claim and payment is guaranteed for approved claims**.

Online Claim Information

Claims are processed through the ESI network

Group #

FSNCVTY

BIN#

610014

PCN#

Not Applicable

Member ID#

First Script will provide Member ID# upon verification of

**EMPLOYEE:** First Script is valid only for medications prescribed for your work-related injury. You or your group health insurer, are financially responsible for any other prescriptions. First Script is available at nearly 56,000 pharmacies nationwide. To locate a nearby pharmacy, please call First Script Customer Service at 800.791.2080.

Please present this form to your pharmacist along with your work-related injury prescriptions.

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Pharmacy Benefit Program

Commonwealth of Virginia Employer Information Card

209, UVA Medical Center

Agency Name

Questions? Call First Script Customer Service at 800.791.2080

**EMPLOYEE:** Please complete the information below before giving this form to your pharmacist.

Name

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