Business Insurers of Georgia

AUTHORIZATION FOR MEDICAL TREATMENT FOR WORKERS' COMPENSATION

Use this form for injured workers in the following states:
AK, AR, CT, DC, DE, HI, ID, KS, ME,
MN, MT, NE, NM, NV, RI, SD, UT, VT

PROVIDER: Prescient National Insurance Services
POLICY: Business Insurers of Georgia #WC013-000001-126

COMPANY NAME: _____

EMPLOYEE NAME: _____

DATE OF INJURY: _____

TYPE OF INJURY: _____

PERFORM A 10-PANEL DRUG SCREENING: YES / NO (CIRCLE ONE)

PERFORM A BLOOD ALCOHOL SCREENING: YES / NO (CIRCLE ONE)

Submit all charges on CMS 1500 (red form), UB04 form, or accordingly on each state's industrial commission approved form. **Please include medical notes, W-9 form, and claim number if available.** Bills must be submitted using the following method.

MAIL: Gallagher Bassett Services, Inc.
P.O. Box 2831
Clinton, IA 52733-2831

The Gallagher Bassett Services, Inc. claims under this policy are associated with myMatrixx. Because the Pharmacy Benefits Manager issues prescription cards to injured workers, **ALL PHYSICIAN DISPENSED MEDICATIONS ARE NOT AUTHORIZED/HONORED** by Gallagher Bassett Services, Inc.

_____ _____

SIGNATURE OF SUPERVISOR **DATE**

Rev. 04-01-2026

PRESCIENTNATIONAL

Medical Authorization

The undersigned person(s) hereby consents to, and by the Authorization or any photocopy hereof authorizes, the release to Prescient National Insurance Services or any other agent or employee of Prescient National Insurance Services by any hospital, medical clinic, surgeon, physician, pharmacist or any other provider of medical services, treatment or supplies to

_____

(Name of Patient, Claimant)

Of any and all medical report, histories, findings, prognosis, diagnosis, bills, information or other documents relating to any medical treatment, hospitalization, prescription drugs or other medical services or supplies, including but not limited to psychiatric treatment, or treatment for alcoholism or drug abuse, of such patient.

The undersigned person(s) understands and hereby acknowledges that the information above or certain portions thereof, may be protected from disclosure without this signed Authorization by Federal and State privacy and confidentiality laws.

The Authorization shall automatically expire without express revocation one year after signature date below.

And prior to such time shall be subject to revocation with respect to all or any particular records at any time by the undersigned person(s) in writing delivered to the holder of such records except to the extent that action has already been taken in reliance upon this Authorization.

Date: _____

Claimant: _____
(Print Name)

Claimant: _____
(Signature)

Date: _____

Witness: _____
(Print Name)

Witness: _____
(Signature)

PRESCIENTNATIONAL

Physician/Hospital History

Please list all physicians/hospitals with whom you have treated for the past 10 years.

Date	Name of Physician/Facility

**Attach additional entries on a separate sheet if needed*

PRESCIENTNATIONAL

Autorización Médica

La(s) persona(s) abajo firmante(s) consiente, y por la Autorización o cualquier fotocopia del presente document, autoriza la divulgación a Prescient National Insurance Services o cualquier otro agente o empleado de Prescient National Insurance Services por parte de cualquier hospital, clínica médica, cirujano, medico, farmacéutico o cualquier otro proveedor de servicios medicos, tratamiento o suministros para

_____

(Nombre del Paciente, Reclamante)

De todos y cada uno de los informes médicos, historiales, hallazgos, pronóstico, diagnóstico, facturas, información u otros documentos relacionados con cualquier tratamiento médico, hospitalización, medicamentos recetados u otros servicios o suministros médicos, incluidos, entre otros, tratamientos psiquiátricos o tratamientos para el alcoholismo o abuso de drogas, de tal paciente.

La(s) persona(s) abajo firmante(s) entiende y por la presente reconoce que la información anterior o ciertas partes de la misma pueden estar protegidas contra la divulgación sin esta Autorización firmada por las leyes federales y estatales de privacidad y confidencialidad.

La Autorización caducará automáticamente sin revocación expresa un año después de la fecha de firma a continuación.

Y antes de ese tiempo estará sujeto a revocación con respecto a todos o cualquier registro en particular en cualquier momento por la(s) persona(s) abajo firmante(s) que se entreguen al titular de dichos registros, excepto en la medida en que ya se haya tomado acción en dependencia de esta Autorización.

Fecha: _____

Demandante: _____
(Imprimir Nombre)

Demandante: _____
(Firma)

Fecha: _____

Testigo: _____
(Imprimir Nombre)

Testigo: _____
(Firma)

PRESCIENTNATIONAL

Historial Médico/Hospitalario

Enumere todos los médicos/hospitales con los que ha tratado durante los últimos 10 años.

Fecha **Nombre del médico/centro**

**Adjunte entradas adicionales en una hoja separada si es necesario*

Occupational Injury Temporary Prescription ID Card

To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved work-related injury prescriptions.

Questions or need assistance locating a participating retail network pharmacy? Call the myMatrixx Patient Care Contact Center at 844-276-2515.

Atención Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 844-276-2515.

To the Pharmacist:

myMatrixx, an Express Scripts company administers this occupational accident prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 30-day supply or a cost of $500. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call myMatrixx at 844-276-2515.

Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control WC

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury

myMatrixx, an Express Scripts Company

ID#: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____ / _____ / _____
MM/DD/YYYY

Group #: NZEA

Employee Date of Birth: _____ / _____ / _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

To the Supervisor:

Please fill in the information requested for the injured worker.

Employee Information

_____ _____ _____
First M Last

_____
Street Address or PO Box

_____ _____ _____
City State ZIP

Employer Name

_____

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Participating Retail Network Pharmacies

A & P
Acme Pharmacy
Albertson's
Albertson's/Acme
Albertson's/Osco
Albertson's/Sav-On
Amerisource Bergen
Anchor Pharmacies
Arrow
Aurora
Bartell Drugs
Bigg's
Bi-Lo
Bi-Mart
BJ's Wholesale Club
Brooks
Brookshire Brothers
Brookshire Grocery
Bruno
Carrs
Cash Wise
Coborn's
Costco
Cub
CVS
D&W
Dahl's
Dierbergs
Discount Drugmart
Doc's Drugs
Dominicks
Drug Emporium
Drug Fair
Drug Town
Drug World
Eckerd
Econofoods
EPIC Pharmacy Network
FamilyMeds
Farm Fresh
Farmer Jack
Food City
Food Lion
Fred's
Gemmel
Giant
Giant Eagle
Giant Foods
Hannaford
Harris Teeter
H-E-B
Hi-School Pharmacy
Hy-Vee
Jewel/Osco
Kash n Karry
Keltsch
Kerr
Kmart
Knight Drugs
LeaderNet (PSAO)
Longs Drug Store
Major Value
Marsh Drugs
Medic Discount
Medicap
Medistat
Meijer
Minyard
NCS HealthCare
Neighborcare
Network Pharmaceuticals
Northeast Pharmacy Services
Osco
P & C Food Markets
Pamida
Park Nicollet
Pathmark
Pavilions
Price Chopper
Publix
Quality Markets
Raley's
Randalls
Rite Aid
Rosauers
Rx Express
RXD
Safeway
Sam's Club
Sav-On
Save Mart
Schnucks
Scolari's
Sedano
Shaw's
Shop 'N Save
Shopko
ShopRite
Snyder
Stop & Shop
Sun Mart
Super Fresh
Super Rx
Target
Texas Oncology Srvs
The Pharm
Thrifty White
Times
Tom Thumb
Tops
Ukrop's
United Drugs
United Supermarkets
Vons
Waldbaums
Walgreens
Wal-Mart
Wegmans
Weis
Winn Dixie

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