



**Montana Municipal Interlocal Authority
Workers' Compensation
Prescription Payment Authorization Form**

Please keep a copy of this Authorization Form on file with the script for auditing purposes

Pharmacy:

This is a temporary workers' compensation Rx payment authorization form. Please submit the prescription using the processing information listed below. If you have any questions or need assistance, please contact the MedicalServiceQuotes.com Customer Service Team at 888-894-3599.

Processing Information:

Processor:	EHO (Employer Health Options)
Bin #:	004527 (primary – most pharmacies use this number)
	Specific pharmacy chains that require special codes to process use the following
Envoy/WebMD:	003241
CVS Condor Code:	15721
Eckerd's/Rite Aid:	2185
Version:	D.O

Patient Information:

Last Name:	_____		
First Name:	_____		
Group#:	87030	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
ID#/SSN#:	_____		
Date of Birth:	_____	Date of Injury:	_____
Prior Authorization #:	_____	Retain this number for future use	
	PA# = DOI in YYMMDD format (ex: January 1, 2018 would be 180101)		
Date Sent:	_____		

Disclaimer: The information contained on this form may be privileged and protected from disclosure. If the reader of this message is not the intended recipient or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please notify us immediately and delete it from your computer. Thank you.