

First Fill Information

Montana Municipal Interlocal Authority



Dear Injured Worker,

Cypress Care has been selected by the MMIA to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply **fill in the form below** and present it at the pharmacy at the time your prescription is filled. This form guarantees that you will have **no out-of-pocket expenses** when you fill your first prescription.

For your convenience, Cypress Care has an extensive network of retail pharmacies. Cypress Care's pharmacy network includes the following major chain drug stores:

For additional pharmacy locations, you may also call our toll free number or visit our website at www.cypresscare.com and use the pharmacy locator in the quick links section of the home page.

If you have any questions, or would like to learn about our convenient home delivery service, please call our toll-free customer service number: **800.419.7191**.



First Fill Form: Complete and take to your pharmacy

Bin #: 010876 Group Number: MMIAFF

Member ID:

Last 4 digits of SSN + date of injury; No spaces (i.e. 9999050206)

Member Name:

Injured worker's first & last name

Employer Name:

Date of Injury:

Pharmacy Help Desk: 800.419.7191

PLEASE NOTE: This form allows you to fill your initial prescriptions with a cost maximum of \$150 per prescription and no more than a 7-day supply per prescription. Once your claim has been reviewed, you will be sent a new card in the mail. If you do not receive the pharmacy card, please call us at 800.419.7191.