



Texas Association of Counties Risk Management Pool

To be completed by Employer:

Employer Name: _____

Claimant Name: _____

Bring this flyer with you to any network pharmacy to fill your workers' compensation prescription to ensure that you receive the right medications and the right treatment, *without out-of-pocket* expense.

For a participating pharmacy near you, call SCRIPNET at **888-880-8562** or www.scripnet.com and click on "Find a Pharmacy"

BAGGETT • CVS • EVERETT'S
FOOD BASKET • H E B • MEDI MART • MYERS
SAM'S CLUB • SAV-ON • VILLAGE DRUG
WALGREENS • WALMART and MANY OTHERS...

PHARMACY: Call ScripNet at 888-880-8562



Rx BIN:	610621
Rx PCN:	SNT
Rx Grp:	Not Required
Carrier:	SXC

ID NUMBER:

Call ScripNet at 1-888-880-8562



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Traiga esta tarjeta a cualquiera de nuestras farmacias participantes para surtir recetas medicas relacionadas con su accidente laboral y asegurar que reciba los medicamentos y el trato que merece *sin costo para usted*.

Para una farmacia participante cercana a usted llame a SCRIPNET al **888-880-8562**, o' www.scripnet.com y presione "Find a Pharmacy" (y ba encontrar los resultados).

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