ClearPath Mutual
Workers' Compensation
PriorityRx Prescription Payment Authorization Form

Please keep this Authorization Form on file with script for auditing purposes.

Pharmacist:

This is a temporary workers' comp Rx payment authorization form. Please submit the prescription using the processing information listed below.

Please contact the M. Joseph Medical Help Desk at 844-DME-AND-Rx (844-363-2637) if you have any questions.

To transmit a prescription claim, please use the following information:

Processing information

Processor: EHO (Employer Health Options)
Bin #'s: 004527 (most pharmacies use this number)
Envoy/WebMD = 003241
CVS Condor Code = 15721
Eckerd's/Rite Aid Condor Code = 2185

(These specific pharmacy chains require special numbers to transmit prescriptions. All major chains and most independent pharmacies accept this plan.)

Version: D.O

Patient Information

Last Name: _

First Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Group#: 81045 Sex: Male ☐ Female ☐

ID#/ SS#: _ _ _ _ _ _ _ _ _

D.O.B.: _ _ / _ _ / _ _ _ _

Prior Authorization #: _____ **(retain this # for future use)**
YYMMDD format ex: July 20, 2014 would be 140720

Date Sent: _____

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