



Thank you for selecting EHIM for your Prescription Benefit Management Services.

To best serve employees upon the first report of injury, EHIM offers a First Fill Certificate to proactively manage medication filled by employees. The First Fill Program is designed to allow injured workers to fill their prescriptions with no out-of-pocket cost upon the first report of injury to their employer. The EHIM First Fill Certificate should be given to the employee by the employer or clinic when seeking medical treatment.

The EHIM certificate will allow the employee to receive a limited quantity of medication to ensure appropriate care is being provided. This proactive approach will allow the employee to utilize any EHIM participating pharmacy to fill written prescriptions to treat the work related injury while also ensuring a controlled claim management process.

To utilize the EHIM First Fill Certificate, the employer or specified clinic, will provide the EHIM certificate to the employee. When providing the certificate, the provider will fill in the employee's social security number, name and date of injury. The employee will then take the certificate along with their prescription(s) to their preferred pharmacy. Billing instructions for the pharmacy are printed directly on the certificate along with EHIM's contact information. Once the injury has been reported, a determination regarding ongoing prescription benefits can be made as the First Fill Certificate will not allow for medication refills.

For further information or for any questions regarding the First Fill program, please feel free to contact EHIM's pharmacy helpdesk 24/7/365.

Thank you,  
EHIM Injury Claims Department  
Phone: (800) 311-3446


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## FIRST FILL PRESCRIPTION CERTIFICATE

Below is your prescription ID Card.

- First Fill dispensing is limited to a 5 day duration.
- A list of participating pharmacies in your area is printed on the back of this certificate.
- Please present this certificate to any participating pharmacy for your prescriptions.

 Employee Health Insurance Management		Employee Health Insurance Management	
Plan Name: <b>Comprehensive Risk Services</b>		Type: <b>Pharmacy</b>	
Employer: <b>SEG SI Workers' Comp Fund</b>			
SSN	Date of Injury	Group Number: <b>60011161</b>	
Cardholder's Name		DOB	
BIN: <b>005285</b>		PCN: <b>ACB</b>	

EHIM Pharmacy Benefit Manager  
Prescription Drug Program

**If you have any questions or need additional assistance, please call EHIM at:  
248-204-6411 or Toll-Free 877-792-2699 (EHIM)**

### Instructions to Provider

Please complete the section above providing patient information, including name, SS#, and date of injury.  
Provide this certificate to the employee to take to the pharmacy.

### Instructions to the Pharmacist

1. Bill claim to EHIM (**877-792-2699**)
2. EHIM BIN Number is **005285**
3. Processor Control Number is **ACB**
4. Relationship = Cardholder
5. Required Billing Fields are:
  - a. Cardholder ID Number (SSN)
  - b. Group Number
  - c. Valid Date of Birth
  - d. Valid Gender

**Your EHIM Prescription Drug Program is accepted at over 63,000 pharmacies nationwide.  
Some examples are listed below for your convenience.**

Participating Chain Pharmacies				
Costco	CVS Pharmacy	Kroger	Rite Aid	Walgreens
Henry Ford Pharmacies	VG's Pharmacy	Walmart	Sam's Club	Meijer
Sav-Mor Pharmacy	Hometown Pharmacy			

**EHIM is also contracted with many independent pharmacies. For additional pharmacies in your area, you may visit EHIM's website at [www.ehimrx.com](http://www.ehimrx.com) or contact our Pharmacy Help Desk at 800-311-3446.**