



## FIRST REPORT OF INJURY (FROI) CHECKLIST

*For Emergencies please direct employee to nearest Emergency Room or Clinic. If possible ensure Employee leaves with the Verification of Reported WC Claim (Page 2) & the Progressive Medical/Helios Card (Page 3 & 4)*

- Complete [FROI](#) and file with Administration no later than the next business day.
- Have Employee sign Acknowledgement of Medical Alliance [English](#), [Spanish](#).
- If Employee feels he/she may seek medical treatment complete and give the Verification of Reported WC Claim form. (Employees can find a current list of primary care physicians by going to the [Find a Doctor](#) link.)
- Give Employee Information Regarding Progressive Medical/Helios **First Fill**® Program (Page 2.)
- Have Employee advise whether he/she wishes to use available leave for any possible lost time due to the on the job injury by completing and signing an Election of Leave [English](#), [Spanish](#) form.
- Be sure to alert Rebecca Limas or Sandy Koutney immediately if employee misses any time, returns to work, or if there are any questions or concerns.

To search for primary care physicians in your area go to [Find A Doctor](#) the provider search at the Medical Alliance website.

Rebecca Limas, [rlimas@whartonisd.net](mailto:rlimas@whartonisd.net), (979) 532-6230  
Sandy Koutny, [skoutney@whartonisd.net](mailto:skoutney@whartonisd.net), (979)532-6203



Employer Name  
Address  
City, TX  
Phone

**Verification of Employment for a Reported Workers' Compensation Injury or Illness**

Employee Name \_\_\_\_\_ Date of Injury \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Reported Work Related Injury or Illness:

\_\_\_\_\_

Post-Accident Drug Test Requested \_\_\_\_\_

**(Drug Testing is directed by only the Employer and must be billed separately and directly to the Employer Name.)**

Employer's Name's workers' compensation coverage provider is the Texas Association of School Boards Risk Management Fund which is a member of the Political Subdivision Workers' Compensation Alliance (the Alliance.) For emergencies, an injured employee may go to the nearest emergency room. Otherwise, all other treatment must be from an Alliance Provider listed at [www.pswca.org](http://www.pswca.org).

Please submit all claim and medical billing information to:

TASB Risk Management Fund

PO Box 2010

Austin, TX 78768-2010

Phone: (800) 482-7276

Fax: (800) 580-6720

**Pre-Authorization**

Phone: (800) 482-7276 ext. 6654

Fax: (888) 777-8272

Supervisor Signature \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

**Providers please submit Work Status Reports and all Job Description enquiries to**

**Employer WC Contact Name**

**Phone**

**Fax**

**Email**

Progressive Medical, Inc. has been chosen to manage your workers' compensation prescription plan on behalf of your insurer or employer.

Below is your First Fill® card that allows you to fill your initial workers' compensation prescriptions at your local pharmacy at no extra cost to you.

**Questions?  
888.908.6337**

**Instructions for the Company**

- Fill in the ID/Auth# per the First Fill card below along with the name, date of birth and gender.
- Instruct the injured worker to take the First Fill card and their prescription to the pharmacy.
- Report the claim to the appropriate insurance company/TPA.

Note: If additional medications are required, the claims professional should contact Progressive Medical to use our Retail Drug Card program. If additional First Fill cards are needed or if you have any questions about the use of this program, please contact Progressive Medical at 888.908.MEDS and ask for the Pharmacy Services Coordinator.


**Instructions for the Injured Worker**

**Questions?  
888.908.6337**

- Report your injury to the appropriate staff.
- Below is a First Fill card that will allow you to obtain the "initial" prescriptions needed upon injury with no out-of-pocket expense.
- A sample list of participating pharmacy chains that accept this First Fill card is on the back of this sheet.
- Present your First Fill card and your prescription to the pharmacist.
- This card is for a one time use to receive your medications per your company benefits. Use of this card is only for your workers' compensation injury for which this claim was made.
- If you have any questions, call Progressive Medical toll-free at 888.908.MEDS. Our Client Services Specialists are available 24-hours a day to take care of your needs.

**PLEASE NOTE: IF YOUR WORKERS' COMPENSATION CLAIM IS ACCEPTED, YOU WILL RECEIVE A RETAIL DRUG CARD IN THE MAIL. PRESENT THAT CARD WHEN FILLING OTHER INJURY-RELATED PRESCRIPTIONS.**

FIRST FILL® CARD	
<b>BIN#:</b>	<u>Restat 600471</u>
<b>PCN:</b>	<u>7777</u>
<b>Company Name:</b>	_____
<b>Group/Plan#:</b>	_____
<b>Person Code:</b>	<u>00 (zero, zero)</u>
<b>ID/Auth#:</b>	_____
<small>SSN (9 digits, no dashes) Date (6 digits, no dashes) E.g. if the SSN is 000-00-0000 and today's date is May 21, 2007, the ID/Auth# is 000000000052107.</small>	
<b>Injured Worker's Name:</b>	_____
<b>Date of Birth:</b>	_____ <b>Gender:</b> _____

<p><b>888.908.MEDS</b></p> <p>You may contact Progressive Medical, Inc. for issues with your card, prior authorization or claim rejections, by calling 888.908.6337.</p> <p><b>Pharmacist:</b> If you experience any problems, please call 888.908.6337.</p> <p><small>Disclaimer: It is important to note the issue will be determined by the claims department and the confirmation of this treatment/ service request is in no way intended as an endorsement of the treatment/service request, nor is it intended to interfere with the provider from his or her duty to adhere to any applicable practice standards.</small></p>	
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Cuando una persona lesionada necesita medicamentos de inmediato, la opción con la tarjeta First Fill (Surtir primero) le permite autorizar estas recetas y ayudarlo a recuperarse.

¿Preguntas?  
888.908.6337

#### Instrucciones para la compañía

- Anote el número de identificación/autorización en la tarjeta First Fill al verso junto con el nombre, la fecha de nacimiento y el sexo.
- Indique al trabajador lesionado que lleve la tarjeta First Fill y su receta a la farmacia.
- Reporte la reclamación a la aseguradora/TPA apropiada.

Nota: Si se requiere recibir medicamentos adicionales continuamente, el profesional de reclamaciones debe ponerse en contacto con Progressive Medical para utilizar nuestro programa de Tarjeta de Medicamentos al por Menor. Si se necesitan tarjetas First Fill adicionales, o si tiene alguna pregunta sobre cómo usar este programa, llame a Progressive Medical al 888.908.MEDS y pida hablar con el Coordinador de Farmaceuta.

#### Instrucciones para el trabajador lesionado:

¿Preguntas?  
888.908.6337

- Reporte la lesión al personal apropiado.
- En la parte inferior de este formulario aparece una tarjeta First Fill que le permitirá obtener los medicamentos “iniciales” necesarios para la lesión sin costo de su propio bolsillo.
- A continuación se encuentra una lista de muestra de las cadenas de farmacias participantes que aceptan esta tarjeta First Fill.
- Presente su tarjeta First Fill y su receta al farmacéutico.
- Esta tarjeta sólo se puede usar una vez para recibir sus medicamentos de acuerdo con los beneficios de su compañía. Utilícela únicamente para la lesión que cubre el seguro de compensación a los trabajadores para la cual se presente el reclamo.
- Si tiene alguna pregunta, llame gratis a Progressive Medical al 888.908.MEDS. Nuestros Especialistas de Servicios al Cliente están disponibles las 24 horas del día.

**NOTA: SI SE ACEPTA SU RECLAMO DE SEGURO DE COMPENSACIÓN A LOS TRABAJADORES, RECIBIRÁ POR CORREO UNA TARJETA DE FARMACIA AL POR MENOR. PRESENTE ESA TARJETA AL SURTIR RECETAS SUBSECUENTES RELACIONADAS CON EL TRABAJO.**

#### Sample Listing of Participating Pharmacies

The below is a sampling of pharmacies that honor our program:

Albertsons	Longs Drug Stores	Costco
Safeway	Giant Eagle Pharmacy	Winn Dixie Pharmacy
Meijer Pharmacy	Publix Pharmacy	CVS Pharmacy
Walgreens	Rite Aid Pharmacy	Discount Drug Mart
K-Mart	Fred Meyer	Target Pharmacy
Tops Markets	Medicine Shoppe	Wal-Mart Pharmacy

For additional pharmacies within your area call Progressive Medical's Client Services department at 888.908.6337 or visit our website at [www.progressive-medical.com](http://www.progressive-medical.com). Go to Workers' Compensation, Tools and Resources, Pharmacy Look-Up and enter your city, state or zip code and click on "Submit". You will see a listing of pharmacies in your area.