

## Donna Huffmaster

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**From:** Donna Huffmaster  
**Sent:** Wednesday, July 21, 2021 4:57 PM  
**To:**  
**Subject:** VERY IMPORTANT INFO - WORKERS COMPENSATION  
**Attachments:** IMP14-1614-300\_AIG Generic English First Fill.pdf; Meridian MS 070721.pdf

The following is extremely important information concerning our **Workers Compensation policy**. This is NEW information, effective June 2021. If any worker is injured on the job, this is the information we must use to report and seek medical assistance. We will be receiving replacement posters soon. Until that time, please be sure to use THIS information if needed.

To report claims telephonically 24/7 call **877-399-6442**

<u>Policy Name</u>	<u>Policy Prefix</u>	<u>Policy Number</u>	<u>Effective Date</u>	<u>Issuing Company</u>
The Meridian Airport Authority	WC	12056682	06/16/2021	New Hampshire Insurance Company

I am also attaching information pertaining to providers and prescriptions, also for Workers Compensation claims. Please add this information to your stack of Labor Law Posters that are hanging in your area (until our new pages are ready).

Let me know if you have questions!

Thank you,  
Donna

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# Workers' Compensation Medical Providers List

Prepared for:

Meridian, MS 39304

## EMPLOYEE NOTICE

ALL ACCIDENTS MUST BE REPORTED TO YOUR SUPERVISOR **IMMEDIATELY!**

FOR **WORK RELATED INJURIES**, MEDICAL SERVICES MAY BE OBTAINED FROM ONE OF THE MEDICAL FACILITIES LISTED BELOW:

If you require emergency medical treatment, go to the nearest hospital emergency room or urgent care facility.

### Medical Providers

**Rush Foundation Hospital**  
*Hospital - General*  
*Occupational/Industrial Medicine*  
1314 19th Ave  
Meridian, MS 39301  
601-483-0011

**Rush Work Force Wellness**  
*Occupational/Industrial*  
*Medicine*  
1314 19th Ave  
Meridian, MS 39301  
601-703-4415

**Jeff Anderson Regional Medical Center**  
*Hospital - General*  
*Occupational/Industrial Medicine*  
2124 14th St  
Meridian, MS 39301  
601-553-6000

†**Anderson, Russell S., MD**  
*Family Practice*  
1704 23rd Ave  
Meridian, MS 39301  
601-485-5081

### Hospitals

**Anderson Regional Medical Center - South**  
*Hospital - General*  
1102 Constitution Ave  
Meridian, MS 39301  
601-693-2511

### Pharmacies

AIG Claims, Inc. preferred Pharmacy PPO is TMESYS (Tim-a-sis). Please ask your Pharmacist to submit your prescription online.

WALMART STORES INC   WALGREENS DRUG STORE   CVS PHARMACY INC   THE KROGER CO   WINN DIXIE PHARMACY

If you come across any inaccuracies in the provider listing, please report them to us by contacting [mms@aig.com](mailto:mms@aig.com).



## MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen by your employer's insurer, AIG, to manage your workers' compensation pharmacy benefits on their behalf. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

### Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to a Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.





Most pharmacies and all major chains are included in the network. To find a network pharmacy call 1-866-599-5426 or visit [www.aig.com/intellirisk](http://www.aig.com/intellirisk). From the home page select the tab "Find Nearby Medical Care" to begin your search.

### Questions? Need Help?



**1-866-599-5426**

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

**AIG**  
CARRIER/TPA \_\_\_\_\_ EMPLOYER \_\_\_\_\_

INJURED WORKER NAME \_\_\_\_\_

**Please provide directly to Pharmacist**  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF INJURY (YYMMDD) \_\_\_\_\_

**Notice to Cardholder:** Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: [www.aig.com/intellirisk](http://www.aig.com/intellirisk).

**Attention Pharmacists:** Call 1-800-964-2531 to establish First Fill benefit eligibility and obtain the ID number for online adjudication of approved benefits for the injured worker.  
Tmesys is the designated PBM for this patient.

### Tmesys Pharmacy Help Desk 1-800-964-2531

	NDC	or	Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #

**NOTE:** This First Fill card is only valid for your workers' compensation injury or illness.



### Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.