



Texas Association of Counties  
Risk Management Pool  
P.O. Box 160120  
Austin, TX  
(800) 752-6301

## Texas Association of Counties Risk Management Pool Workers' Compensation Prescription Information

### Employer:

Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

|  |           |
|--|-----------|
| Employee Name:   |           |
| Group#:  | 10602730  |
| Member ID (SSN):                                       |           |
| Date of Injury:  |           |
| Processor:   | myMatrixx |
| Bin#:  | 014211    |
| Days supply is limited up to 30 days for a new injury. |           |
| myMatrixx Help Desk: (877) 804-4900                    |           |

|                        |        |       |
|------------------------|--------|-------|
| Employer<br>Signature: | Phone: | Date: |
|------------------------|--------|-------|

### Employee:

Texas Association of Counties Risk Management Pool has partnered with **myMatrixx** to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days. This form does not certify compensability or guarantee payment.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 4,680 pharmacies in Texas and 65,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

**TO LOCATE AN APPROVED DOCTOR OR HEALTHCARE PROVIDER, PLEASE VISIT:  
WWW.PSWCA.ORG**

**IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900**

### Pharmacist:

Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

**FOR ALL REJECTIONS OR QUESTIONS CALL: (877) 804-4900**