CompPBM
PHARMACY MANAGEMENT

6700 Antioch Rd, Ste 120
Merriam, KS 66204

KASB
Workers Compensation Fund, Inc.

KASB Workers Compensation – Pharmacy Benefits Card

KASB Workers Compensation Fund, Inc and CompPBM are providing you with a workers compensation first fill card to use at any network pharmacy for prescriptions related to your work injury. Please present this temporary prescription card in order to fill your prescription. A permanent prescription card will be provided to you by mail.

First Fill Rx Card Limits:

- This card is valid for 10 days
- $100 maximum allowed for approved prescriptions
- 15-day maximum supply

If your prescription falls outside of the above limits, you will need to get prior authorization before the prescription can be filled.

If you have any questions about the workers compensation pharmacy program or you are at the pharmacy and need support, please contact CompPBM at (844) 744-4726.

We appreciate the opportunity to service your prescription benefit needs!

KASB
Workers Compensation Fund, Inc.

KASB Workers Compensation Fund, Inc. RX Program

Member Name:
_____
Member Number:
Last 4 SSN+ 6-digit Date of Injury

Bin: **021031**
PCN: **CPBM**
Group: **88159002**
Person Code: **01**

Pharmacy Help Desk: (844) 744-4726