



**THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
WORKERS' COMPENSATION MEDICAL REQUEST**

Reference# _____

Prescriptions:

When you receive a prescription for medication by an authorized workers' compensation physician you must provide the information listed below to the pharmacy in order have no out of pocket cost to you for your initial prescription. You will receive a prescription card in the mail within 5-7 days. If you do not receive a prescription card, please call your adjuster at Gallagher Bassett Services, Inc. at 305-260-9440 or toll free at 1-866-762-5185. You may have your prescriptions filled at your neighborhood pharmacy such as: Walgreen's, CVS, Publix, Target or Wal-mart.

- **BIN Number: 014211**
 - **PCN: myMatrixx**
 - **Group Number: NZE000074**
- For questions, call the myMatrixx toll free number at (844) 276-2515

EMPLOYEE MUST SIGN BELOW

The Florida Workers' Compensation Regulation requires workers to utilize doctors and hospitals who are part of the MDCPS workers' compensation medical provider network for work related injuries.

(Signature of Acknowledgment)

(Date)

Employee's Name:	Date of Accident:
Employee No.:	
Address:	Telephone No.: ()
School/Work Location:	Position:
Physician's Name:	Address:
Description of Accident:	Part of Body affected:
Authorized by:	Title: _____ Date: _____
_____ (Signature of Principal or Site Administrator)	

- This authorization is for INITIAL FIRST AID MEDICAL TREATMENT ONLY. If additional treatment or prescriptions are indicated, please contact **Gallagher Bassett Services Inc.** at **305-260-9440** or toll free at **1-866-762-5185**. Continued treatment without authorization will result in non-payment of additional medical bills.
- Pursuant to Florida Statute, Chapter 440, the Miami-Dade County School Board reserves the right, under certain circumstances, to conduct appropriate drug and alcohol testing. The employer may require the employee to submit to test for the presence of drugs or alcohol and, if a drug or alcohol is found to be present in the employee's system at level prescribed by rule adopted pursuant to this act, the employee may be terminated and forfeits his or her eligibility for medical and indemnity benefits.

Diagnosis:	
Treatment Rendered:	
Date of Visit:	Date Able To Resume Work:
Physician's Signature:	
Attending Physician's Name:	
Address:	Telephone No.: ()

Fraud Statement

- "Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or mislead information commits insurance fraud, punishable as provided in s. 817.234."
- "It shall be unlawful for any physician licensed under chapter 458, osteopathic physician licensed under chapter 459, chiropractic physician licensed under chapter 460, podiatric physician licensed under chapter 461, optometric physician licensed, under chapter 463, or any other practitioner licensed under the laws of this state to knowingly and willfully assist, conspire with, or urge any person to fraudulently violate any of the provisions of Chapter 440, The Florida Workers' Compensation Law."