



**PANHANDLE AREA EDUCATIONAL  
CONSORTIUM  
(PAEC)**

**JOHNS EASTERN COMPANY**

**Pharmacy Authorization Form**

**Workers' Compensation**

Employee Information: Please present this form to a participating pharmacy with your physician's prescription. Your workers' compensation prescription will be filled at no cost to you.

Patient information for participating pharmacy.

Employee Name \_\_\_\_\_

                    Last Name                    First Name                    MI

1. Patient ID: \_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_

2. Patient Date of Birth: \_ \_ / \_ \_ / \_ \_

Authorized by: \_\_\_\_\_ Claim #: \_\_\_\_\_

**Dispensing Pharmacist:** This employee is enrolled in the Tmesys Prescription Plan. This is a temporary ID form designed to provide the injured worker with immediate service. The ON-LINE system will verify eligibility for this employee. Transmission problems or inquires should be directed to the Tmesys Support Desk, 24 hours a day, 7 days a week at (800) 964-2531. Please confirm that any prescription adjudicated is for a workers' compensation claim only. Failure to do so may cause denial of payment.

Program administered by Johns Eastern Company, Inc.

Call Tmesys for authorization questions (800) 964-2531  
Call Johns Eastern Company, Inc. for billing questions: (941) 907-3100