



Quick Reference Guide – AmeriSys – State of Georgia

Customer Service

Toll Free: 1.877.804.4900

Available 24/7/365

Client Support

accountmanagement@mymatrixx.com

Client Services Manager

Name: Julie Anderson

p: 813-425-9664

f: 813-247-3391

janderson@mymatrixx.com

Sales Rep

Name: Wendy Sumrell

p: 770-597-4277

wsumrell@mymatrixx.com



Pharmacy

Processing Information

Group Number: 10602105

BIN# 014211

PCN: mymatrixx

Retail Pharmacy Department

p: 1.877.804.4900, Ext. 2

f: 813.247.3391

info@mymatrixx.com

Mail Service Pharmacy

p: 1.877.804.4900, Ext. 3

f: 813.514.0512



Ancillary

Order Ancillary Services/DME:

p: 1.877.804.4900, Ext. 4

f: 813.321.1307

ancillary@mymatrixx.com



Clinical

Request Drug Regimen Review/

Clinical Questions:

p: 1.877.804.4900, Ext. 106

clinical@mymatrixx.com



State of Georgia Workers' Compensation Prescription Information

State of Georgia Employer:

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

Employee Name:	
Group#:	10602105
Member ID (SSN):	
Date of Injury:	
Processor:	myMatrixx
Bin#:	014211
Day supply is limited to 3 days for a new injury.	
myMatrixx Help Desk: (877) 804-4900	

Employer Signature:	Phone:	Date:
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State of Georgia Employee:

The State of Georgia 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.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 60,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

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. Document only valid if signed and dated by employer above.

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.

NOTE: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

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