



The Request for Injured Worker Outpatient Medication Reimbursement (C-17) form is used for medication reimbursement. The medication must be written as a prescription and dispensed by an enrolled pharmacy. Medication bought at a physician's office for at-home use is not reimbursable. A C-17 is not used for medical supplies, durable medical equipment, and other non-drug items. These items should be billed directly to the managed care organization (MCO).

**Instructions** – to avoid submitting a C-17, the pharmacy can process a point-of-sale transaction.

- A separate C-17 is required for each pharmacy.
- Complete all sections **including injured worker and pharmacist signature**.
- Prescription labels or a pharmacy printout with pricing information must be sent. Photocopies are acceptable. A pharmacy cash register receipt **is not** acceptable.
- BWC must receive the C-17 within **one year** from the date of service.
- Mail, email, or fax the completed C-17 and prescription labels with pricing information to **BWC**.

<b>Mailing Address</b>	BWC Pharmacy 30 W. Spring Street L21 Columbus, Ohio 43215
<b>Email</b>	<a href="mailto:Pharmacy.benefits@bwc.ohio.gov">Pharmacy.benefits@bwc.ohio.gov</a>
<b>Fax</b>	1-866-213-6066

**Questions** – call BWC Pharmacy at 1-877-543-6446.

**Reimbursement** – to avoid a delay in reimbursement, wait to submit the C-17 until after BWC has approved the claim.

- BWC's pharmacy benefits manager will mail a check for reimbursement or a letter explaining why reimbursement could not be processed.
- Reimbursement will be considered for prescriptions that meet the requirements of BWC's outpatient medication formulary and payment rules.
- Brand name medications are reimbursed at the generic drug price when a generic medication was available.

**C-17 reminders**

- Complete every section on the form including both signatures.
- Include the pharmacy labels or a pharmacy printout with pricing information.
- A pharmacy cash register receipt is not acceptable.**
- Confirm that BWC has approved your claim.
- Confirm your address is up to date in your claim.
- Submit completed C-17 and documentation to BWC.



Injured worker information			
Date of request	Date of injury	BWC claim number	
Injured worker name			
Injured worker address (street or PO Box, city, state, and zip code)			
Pharmacy information			
Pharmacy (name and store number)		NPI number	Pharmacy phone
Pharmacy address (street or P.O. Box, city, state, and ZIP code)			
Prescription detail			
Date Rx written	Date of service	Prescription number	Rx out-of-pocket amount paid (\$)
Drug name, strength, and dosage form		National drug code (NDC)	Quantity
Days' supply	Prescriber's name		Prescriber's NPI number
Date Rx written	Date of service	Prescription number	Rx out-of-pocket amount paid (\$)
Drug name, strength, and dosage form		National drug code (NDC)	Quantity
Days' supply	Prescriber's name		Prescriber's NPI number
Date Rx written	Date of service	Prescription number	Rx out-of-pocket amount paid (\$)
Drug name, strength, and dosage form		National drug code (NDC)	Quantity
Days' supply	Prescriber's name		Prescriber's NPI number
Date Rx written	Date of service	Prescription number	Rx out-of-pocket amount paid (\$)
Drug name, strength, and dosage form		National drug code (NDC)	Quantity
Days' supply	Prescriber's name		Prescriber's NPI number

Any person who obtains compensation, medical, or pharmaceutical benefits from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements, or accepting compensation, medical, or pharmaceutical benefits to which he/she is not entitled, is subject to felony criminal prosecution for fraud. By signing below, I certify I have read and understand the statements above and agree with these conditions.

**I certify below the information on this form is true and correct to the best of my knowledge and belief.**

<b>Injured worker's signature</b>	<b>Date</b>
<b>Pharmacist's signature</b>	<b>Date</b>