

Attention Pharmacists: Enter RxBIN, and GROUP. Member ID # format is the date of injury, and SSN combined as follows: YYMMDD123456789. Tmesys is the designated PBM for this patient.

Tmesys Pharmacy

Help Desk 877.229.0649

	<u>NDOC</u>		<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	<u>E504</u>		



Workers' Compensation – City of Frisco

Submit claims and bills to:

TML Intergovernmental Risk Pool

18601 LBJ Freeway #210 Mesquite, TX 75150

Phone: (877) 478-5031 Fax: (512) 491-3317

For questions on claims or eligibility, contact TML or Human Resources at (972) 292-5200. For prescription questions, please call (866) 939-6014.

Disclaimer: It is important to note the issue will be determined by the claims department and the confirmation of this treatment/service request is in no way intended as an endorsement of the treatment/service request, nor is it intended to interfere with the provider from his or her duty to adhere to any applicable practice standards.