

**Important Benefit Update:**

**Attention Member:**

**IMPORTANT:**

**If you have not received your Welcome Packet, please present this letter to your Express Scripts network pharmacist to accurately process your prescriptions.**

If you have any questions about your new prescription benefit program, please contact Express Scripts' Customer Service at 866-312-9065.



**Notice to Express Scripts Participating Pharmacies**

As of July 1, 2009, Carolina Crescent pharmacy benefit program will be administered by **Express Scripts**. To simplify your prescription processing, please link the cardholder and all members of their family to **Express Scripts**.

<b>Please follow the action steps listed below to enter the claim.</b>	
<b>Step 1</b>	Enter Bin # <b>003858</b>
<b>Step 2</b>	Enter Processor Control <b>A4</b>
<b>Step 3</b>	Enter Rx Group #: <b>V7HA</b>
<b>Step 4</b>	Enter 12 digit member Medicaid ID #
<b>Step 5</b>	Enter the member's date of birth

**NEED  
ASSISTANCE?**

Pharmacist, if you have any questions while processing the claim, please call the Express Scripts' Pharmacy Help Desk  
**800.824.0898**