



# Volusia County Schools

## Prescription Authorization

Pharmacy	Location
Walgreens	Any
CVS	Any
Walmart	Any

**\*\*\* PLEASE PROVIDE THIS FORM TO THE PHARMACY\*\*\***

### Pharmacy Use Only:

**BIN # - 003858**

**PCN # - WC**

**GROUP # - VS9A**

**MEMBER ID # – Employee's SSN**

If additional authorization is needed please contact USIS 1-800-444-9098 or MyMatrix 877-804-4900.