



The New York State Insurance Fund (NYSIF) provides your employer workers' compensation which provides coverage for work-related injuries or illnesses. This plan includes a network of over 67,000 participating pharmacies as an easy and convenient way for you to fill medical prescriptions. If you are prescribed medication for a work-related injury or illness, it must be filled at a pharmacy within the CareComp pharmacy network.

NYSIF also provides a "short-fill" service which enables you to obtain pharmacy benefits, even before your claim has been accepted. Although we are not required to provide this benefit, we want to help you get through the first, difficult days after your work-related injuries or illnesses by offering a limited number of prescription medication benefits that are filled within the CareComp pharmacy network.

The form on the other side of this page "Workers' Compensation Temporary Prescription Services ID" may be used to fill prescriptions at any participating pharmacy. To complete the form, please:

Step 1: Have your employer fill in their **business name** and **policy number**.

Step 2: Complete the rest of the form with your **claim** and **contact information**.

Step 3: Bring the **completed form** and **prescription** to a pharmacy in the CareComp pharmacy network.

Step 4: Within 10 days of the confirmed accident, you will receive a **packet from CVS Caremark**. This packet will contain a **permanent identification card** that should be used when filling prescriptions for the work-related injury or illness.

You can find local participating pharmacies by visiting www.wcrxpharmacylocator.com or by calling the 24-hour patient care hotline at (866) 493-1640.

If you have any questions or need any assistance, please visit www.nysif.com/networkbenefits or contact NYSIF at (888) 875-5790.



New York State Insurance Fund



Workers' Compensation Temporary Prescription Services ID

Important Information

ATTENTION: INJURED WORKER

This Workers' Compensation Temporary Prescription Services ID form **MUST BE PRESENTED** to your pharmacist when you fill your initial prescription(s). If you have questions or need to locate a participating pharmacy, please contact CVS Caremark Customer Service at 1-866-493-1640.

ATENCIÓN: TRABAJADOR LESIONADO

Este formulario de Identificación para Servicios Temporales de Prescripción de Recetas por Compensación del Trabajador **DEBERÁ SER PRESENTADO** a su farmacéutico al surtir su(s) receta(s) inicial(es). Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de CVS Caremark, en el teléfono 1.866.493.1640.

Pharmacist/Employer – When form is completed, fax to CVS Caremark: **1-866-493-1644**

Claimant information will be added by CVS Caremark to allow medications to process. This information can also be phoned in at 1-866-493-1640

New York State Insurance Fund	Group#: NYSIF
Attention: All items below must be completed	
EMPLOYER'S NAME: MARCHESE FORD OF MECHANICVILLE INC.	INJURED WORKER'S NAME: _____ FIRST MI LAST
EMPLOYER'S WORKERS' COMPENSATION POLICY NUMBER: 2529 041-2 DATE OF INJURY: ____/____/____ MM / DD / CCYY INJURED WORKER'S DATE OF BIRTH: ____/____/____	INJURED WORKER'S MAILING ADDRESS: _____ STREET _____ CITY STATE ZIP
ID#: _____ Injured Worker's Social Security Number	<i>Help Desk: This is a POS Program through CVS Caremark only. For Assistance call the CVS Caremark Help Desk at: 866.493.1640</i>

Attention Pharmacist:

New York State Insurance Fund's prescription program is administered by CVS Caremark. The following are the steps necessary to submit a prescription for New York State Insurance Fund claimants.

Please follow the action steps listed below to enter the claim.

Step 1	Enter Bin Number 610235
Step 2	Enter PCN: WRK
Step 3	ID: Injured Worker' Social Security Number

NEED ASSISTANCE?

Pharmacist, if you have any questions while processing the claim, please call the CVS Caremark Help Desk at **1-866-493-1640**.