

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 Attention: All items below must be completed EMPLOYER'S NAME: <u>MARCHESE FORD OF MECHANICVILLE INC.</u> EMPLOYER'S WORKERS' COMPENSATION POLICY NUMBER: <u>2529 041-2</u> DATE OF INJURY: <u> </u> / <u> </u> / <u> </u> MM / DD / CCYY INJURED WORKER'S DATE OF BIRTH: <u> </u> / <u> </u> / <u> </u> ID#: _____ Injured Worker's Social Security Number	Group#: NYSIF INJURED WORKER'S NAME: _____ FIRST MI LAST INJURED WORKER'S MAILING ADDRESS: _____ STREET _____ CITY STATE ZIP <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>
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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**.