NYSIF New York State Insurance Fund

CVS CAREMARK

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.

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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: **LYNCHCONN PARTNERS LTD**	INJURED WORKER'S NAME: _____ FIRST M I LAST
EMPLOYER's WORKERS' COMPENSATION POLICY NUMBER: **1332 215-1**	INJURED WORKER'S MAILING ADDRESS: _____ STREET _____ CITY STATE ZIP
DATE OF INJURY: ____/____/____ MM / DD / CCYY	
INJURED WORKER'S DATE OF BIRTH: ____/____/____	
ID# : _____ Injured Worker's Social Security Number	*Help Desk: This is a POS Program through CVS Caremark only. For Assistance call the CVS Caremark Help Desk at: 866.493.1640*

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.**

PBMTemp (4/14)

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