



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

Form with fields for New York State Insurance Fund, Group#: NYSIF, Attention: All items below must be completed, EMPLOYER'S NAME, INJURED WORKER'S NAME, EMPLOYER'S WORKERS' COMPENSATION, POLICY NUMBER, DATE OF INJURY, INJURED WORKER'S DATE OF BIRTH, ID#, and INJURED WORKER'S MAILING ADDRESS.

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.

Table with 2 columns: Step number and Action step description (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.