

**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

<b>New York State Insurance Fund</b>		<b>Group#: NYSIF</b>	
<b>Attention:</b> All items below must be completed			
EMPLOYER'S NAME: <u>LYNCHCONN PARTNERS LTD</u>		INJURED WORKER'S NAME: _____ FIRST                      M I                      LAST	
EMPLOYER'S WORKERS' COMPENSATION POLICY NUMBER: <u>1332 215-1</u>		INJURED WORKER'S MAILING ADDRESS: _____ STREET	
DATE OF INJURY: <u>      /      /      </u> MM / DD / CCYY		_____ CITY                                      STATE                                      ZIP	
INJURED WORKER'S DATE OF BIRTH: <u>      /      /      </u>		<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>	
ID# : _____ Injured Worker's Social Security Number			

**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**.