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.

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

EMPLOYER's WORKERS' COMPENSATION

POLICY NUMBER: **1332 - 215 - 1**

DATE OF INJURY: ____/____/____
MM / DD / CCYY

INJURED WORKER'S DATE OF BIRTH:

____/____/____

ID# : _____
Injured Worker's Social Security Number

INJURED WORKER'S NAME:

_____
FIRST MI LAST

INJURED WORKER'S MAILING ADDRESS:

_____
STREET

_____
CITY STATE ZIP

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.**