



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 two columns: New York State Insurance Fund and Group#: NYSIF. Includes fields for Employer's Name, Policy Number, Date of Injury, Injured Worker's Date of Birth, ID#, Injured Worker's Name, Mailing Address, and Street. Includes a Help Desk note at the bottom right.

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. Steps include: 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.