200000145	
NEW YORK STATI	E INSURANCE FUND
ATTN: CLAIMS	DEPARTMENT
199 CHURCH STR	REET .
NEW YORK, NY	10007
WCN NYS NYSIF	



Dear Injured Worker:

If you need to fill a prescription for your work-related injury or illness, then New York State Insurance Fund (NYSIF) has a program that will make getting your prescription a lot easier for you. We have selected **second states and the selected second se** 

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#### Prescription Drug ID Card

Effective immediately, you may take the *enclosed card* (above ... it's perforated for easy removal) to a participating retail pharmacy. By using the retail pharmacy, you will not have to pay any money up front for the prescription drugs that you need. Also, you will not have to submit a claim to NYSIF. **Toget the pharmacy** pays the pharmacy directly. To find a participating retail pharmacy in your neighborhood, please refer to the list on the other side of this sheet, or call **toget the pharmacy** at 1.866.

You also have one other convenient option available to you: You can use the **Section Mail** Service Pharmacy to fill prescriptions that you must keep taking for a longer period of time. With the Mail Service Pharmacy, your prescriptions are usually filled within 48 hours of receipt, and then are mailed directly to your home. You will receive your prescriptions within two weeks. Again, you do not have to pay any money up front for these work injury-related prescriptions.

Call Customer Service at 1.866. To request a Mail Order Form. When you receive the Mail Order Form, just fill out the "*Patient Information*" and "*Ship To*" sections, enclose your prescription(s), and then mail it in to Each time you receive a mail service prescription from **Customer Customer Custo** 

If you have any questions, please call **and the second at 1.866.** A courteous Customer Service representative is available to take your call at any time. Thank you for choosing to use

Sincerely,

NYSIF

NOTICE TO CHOHOLDER: This card in to be used to about prescription drops for norders' concentration related Resea or highly took, By signing this card, the informal professe system if any face a pharmany claim is demand concompetentials by administrator, relationments for these courts a 2 he sought catality to a work or impacted system.

> Injured Worker's Signature PARTICIPAT

> > arino impaired: 1.800

Pharmacy Heip Desk/Cus TDD Phone Number for h

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# Frequently Asked Questions About Your Prescription Benefits

#### What is

is a pharmacy benefit management company experienced with workers' compensation prescriptions. makes it possible for you to fill your injury-related prescription at your local pharmacy at no cost to you. Just take your enclosed pharmacy card and your prescription to one of the participating network pharmacies listed below and present it to the pharmacist.

# How much does the prescription drug ID card cost?

The prescription drug ID card is free and covers all prescriptions for work related injuries.

# Can I use the prescription ID card right away?

Yes, you may use it at any participating retail pharmacy. Just take your prescription and ID card to the pharmacy. To locate a pharmacy in your neighborhood, refer to the enclosed list or call at 1.866.

# Who can provide me with more information?

Call and the concerns regarding this program.

Following is a partial list of participating Network Chain Pharmacies in the **Experim** Comp Network. This Pharmacy Listing is subject to change without notice. Please call the customer service number to locate additional pharmacies.

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