

Injured Employee Prescription Fill Form

Instructions for: Employer or Claim Handler (Instrucciones para: [Empleador o Ajustador de Reclamaciones](#))

Please complete this form before providing to Injured Employee.

Asterisk (*) denotes a required field

*Last Name, First Name:	*Social Security Number:
*Date of Injury:	*Date of Birth:
*Employer Name:	Claim Number if Known:

Instrucciones para: [Empleado lesionado](#)

Para surtir sus recetas para el tratamiento de una lesión laboral (compensación para trabajadores), siga estos pasos sencillos:

1. Presente este formulario a su farmacéutico.
2. Ubique la farmacia participante más cercana. Para asistencia:

Llame al: 1-877-528-9497 o visite: www.healthsystems.com/pharmacy-search/

- Al final de este formulario se encuentra una muestra de lista de farmacias

Instructions for: Pharmacist (Instrucciones para: [Farmacéuticos](#))

Your pharmacy has contracted to participate in the Healthsystems Pharmacy Network.

First Fill Script:

To dispense the injured employee's first fill for their workers' compensation prescription:

Call the Healthsystems Customer Service Center: **1.877.528.9497**

Indicate that this is a new workers' comp injury; do not process under an existing injury

Process using the temporary ID # provided by Healthsystems

Existing Claim:

To dispense for ongoing scripts on an existing injury transmit using the Member ID #

Prescription Processing Information:

Transmit prescription using the following. Asterisk (*) denotes a required field.

Healthsystems Customer Service Center Phone Number: **1-877-528-9497**

BIN: **012874**

Carrier/Customer ID: **Travelers**

*Member ID (provided by Healthsystems CSC Representative):

This Pharmacy Prescription Fill Form is not a guaranty of coverage by Travelers for prescriptions or any other benefits. Coverage depends on the facts and circumstance involved in the claim or loss, all applicable insurance policy or claim service contract provisions, and any applicable law.

Este formulario no es una garantía de cobertura de Travelers de recetas ni ningún otro beneficio. La cobertura depende de los hechos y circunstancias de la reclamación o pérdida, todas las disposiciones aplicables del contrato de servicio de reclamaciones o pólizas de seguro, y cualquier ley aplicable.

Red de farmacias de Healthsystems

Aurora Pharmacy	Dillon Pharmacy	Giant Pharmacy	Medical Center Pharmacy	Quick Care Pharmacy	Smith's Pharmacy	Walgreens Pharmacy
Brookshire Brothers	Family Pharmacy	Hannaford Food/Drug	Medicap Pharmacy	Raley's Pharmacy Rite	Stop & Shop Pharmacy	Wegman Pharmacy
Coborn's Pharmacy	Food City Pharmacy	HEB Pharmacy	Medicine Shoppe	Aid Pharmacy	Thrifty White Pharmacy	Winn Dixie Pharmacy
College Park Pharmacy	Fred Myer Pharmacy	Hy-Vee Pharmacy	Meijer Pharmacy	Safeway Pharmacy	Tops Pharmacy	
Costco Pharmacy	Fred's Pharmacy	King Soopers Pharmacy	Oscor Pharmacy	Save Mart Pharmacy	Vons Pharmacy	
Cub Pharmacy	Fry's Food & Drug	Kinney Drugs	Price Chopper	Sav-On Drugs	Walmart Pharmacy	
CVS Pharmacy	Giant Eagle Pharmacy	Kmart Pharmacy	Publix Pharmacy	Shoprite Pharmacy		

Llame al 1.877.528.9497 o visite healthsystems.com para ver una lista completa de farmacias participantes.