

First Fill Prescription Form for Injured Workers



Instructions for: **Employer**

**Required Information*

Please complete this form before providing to Injured Worker

*Last Name, First Name:

*Date of Birth:

*Date of Injury:

*Employer Name:

*Social Security Number:

Instructions for: **Injured Workers**

To fill your initial (first) prescriptions for a workers' compensation injury, follow these easy steps:

- 1 Present this form at your local pharmacy within 15 days of the date you were injured
- 2 Locate a participating pharmacy closest to you by scanning the QR code to the right or visiting the website below

For assistance use the following tools:


 1-800-758-5779  www.healthsystems.com/pharmacy-search



Scan the QR code to visit our Pharmacy Search tool and locate a network pharmacy near you.

Instructions for: **Pharmacists**


Your pharmacy has contracted to participate in the Healthsystems Pharmacy Network. To dispense the patient's first fill for their workers' compensation prescription:

- 1 Indicate that this is a new workers' comp injury; do not process under an existing injury
- 2 Call the Healthsystems Customer Service Center:
 1-800-758-5779
- 3 Process using the **Member ID #** provided by Healthsystems

Prescription Processing Information:

Transmit prescription using the following

Healthsystems Customer Service Center:

 1.800.758.5779 (press 1 for retail pharmacy option)

BIN:

012874

Carrier/Customer ID:

Berkley Risk

***Member ID:**

(provided by Healthsystems CSC representative)



**Required Information*