



Your company's workers' compensation insurance carrier is The New York State Insurance Fund (NYSIF) which has a contract with Express Scripts, Inc (ESI), a pharmacy benefits manager (PBM) which offers convenient prescription filling services.

NYSIF has implemented an instant enrollment or "short-fill" service with Express Scripts, Inc. The new service allows injured workers immediate acceptance by any pharmacy in the PBM network. Although New York law does not require us to provide this benefit, we have elected to provide a limited number of cost-effective medication benefits for new claims filed for **work-related injuries or illnesses** in order to help injured workers get through those first difficult days after an injury and before the claim is accepted.

When an employee sustains a work place injury, the form on the other side of this page (**Workers' Compensation Temporary Prescription Services ID**) may be used to fill prescriptions at any participating pharmacy in the Express Scripts Workers' Compensation Network. It makes getting **prescriptions for your work-related injury** very easy.

Step 1: Employer fills in:

- Employer's Name
- Policy Number

Step 2: Injured employee fills in his/her:

- Social Security Number
- Date of Injury
- Date of Birth
- Name
- Mailing Address

Step 3: Injured employee brings to pharmacy:

- Completed temporary ID form
- Prescriptions for work-related injury

Step 4: Within 10 days of the New York State Insurance Fund's confirmation of the accident, the injured employee will receive a packet from Express Scripts, Inc. The packet will contain a permanent ID card which should be used when filling prescriptions for the work-related injury.

Note: Injured workers can quickly find local participating pharmacies by visiting: <http://www.express-scripts.com/custom/expresscomp pharm>, or by calling the ESI 24-hour patient care hotline at (866) 533-7011.

If you have any questions about this form, please contact NYSIF, your workers' compensation carrier, at (866) 303-7737.



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 Express Scripts Customer Service at 1-866-533-7011.

ATENCIÓN: TRABAJADOR LESIONADO

Este formulario temporero de identificación para Servicios de Indemnificación Laboral para Recetas Médicas **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 al Consumidor de Express Scripts, al teléfono 1. 877.274.8018.

Pharmacist/Employer – When form is completed, fax to Express Scripts: **719-553-4153 ATTN: Work Comp**
Claimant information will be added by Express Scripts to allow medications to process. This information can also be phoned in at 1-866-533-7011.

New York State Insurance Fund	Group#: NYSIF
Attention: All items below must be completed	
EMPLOYER'S NAME: _____	INJURED WORKER'S NAME: _____ FIRST MI LAST:
EMPLOYER'S WORKERS' COMPENSATION POLICY NUMBER: _____	INJURED WORKER'S MAILING ADDRESS: _____
DATE OF INJURY: ___ / ___ / ___ MM / DD / CCYY	STREET: _____
INJURED WORKER'S DATE OF BIRTH: ___ / ___ / ___	CITY, STATE ZIP
ID#: _____ Injured Worker's Social Security Number	<i>HelpDesk: This is a POS Program through Express Scripts only. For Assistance call the Express Scripts Help Desk at: 866.533.7011</i>

Attention Pharmacist:

New York State Insurance Fund's prescription program is administered by Express Scripts. The following are the steps necessary to submit a prescription for New York State Insurance Fund's claimants.

Please follow the action steps listed below to enter the claim. Be sure you are using NCPDP version 3.2 for faster service.

Step 1	Enter Bin Number 003858
Step 2	Enter Processor Control A4
Step 3	Enter the Group Number: NYSIF
Step 4	Enter the injured worker's 9 digit ID#
Step 5	Enter first name & last name
Step 6	Enter the injured worker's date of injury (enter in PA field in the format ccyyymmdd)

NEED ASSISTANCE?

Pharmacist, if you have any questions while processing the claim, Please call the Express Scripts Help Desk at **1-866-533-7011**.