CVS CAREMARK Mail Service Order Form

NYSIF®

Mail this form to:

CVS CAREMARK
PO BOX 2110
PITTSBURGH, PA 15230-2110

Work Related Injury Claim #

New York State Insurance Fund

Please fold here

Instructions:

Please use **blue or black ink, capital letters,** and fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills - Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online at www.caremark.com or call toll-free 1-866-493-1640.

A Shipping Address. To ship to an address different from the one printed above, please make changes here.

Last Name | First Name | MI | Suffix (JR, SR)

Street Address | Apt./Suite #

○ **Use shipping address for this order only.**

City | State | ZIP Code

Daytime Phone #: - - Evening Phone #: - -

B Refills. To order mail service refills, enter your prescription number(s) here.

1)_____ 2)_____ 3)_____ 4)_____

5)_____ 6)_____ 7)_____ 8)_____

When a brand name drug is prescribed to treat an injury for which a self-insured employer or insurance carrier is liable pursuant to New York State Workers' compensation Law Section 13, a generic drug equivalent, if a generic equivalent is available, shall be provided unless the prescribing physician specifically provides otherwise on the prescription in accordance with New York Education Law Section 6810(6).

We may package all of these prescriptions together unless you tell us not to.

All claims for prescriptions submitted to CVS Caremark Pharmacy using this form must be for the work related injury claim # indicated above. All claims for payment will be submitted to the workers' compensation carrier.

C Tell us about the person getting prescriptions.

1st person with a refill or new prescription. ○ Spanish forms and labels

LAST NAME | FIRST NAME | M | Suffix (JR,SR)

NICKNAME | Gender: ○ M ○ F | Date of Birth: MM-DD-YYYY

E-Mail Address: _____ Date new prescription written: _____

Doctor's Last Name | Doctor's First Name | Doctor's Phone #

Tell us about new health information if never provided or if changed.

Allergies: ○ None ○ Aspirin ○ Cephalosporin ○ Codeine ○ Erythromycin ○ Peanuts ○ Penicillin ○ Sulfa ○ Other: _____

Medical Conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Acid Reflux ○ Glaucoma ○ Heart Problem ○ High Blood Pressure ○ High Cholesterol ○ Migraine ○ Osteoporosis ○ Prostate Issues ○ Thyroid ○ Other: _____

For Internal Use Only - DO NOT COMPLETE THIS SECTION ○ Spanish forms and labels

LAST NAME | FIRST NAME | M | Suffix (JR,SR)

NICKNAME | Gender: ○ M ○ F | Date of Birth: MM-DD-YYYY

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Please fold here →

D Special Instructions: _____

E Payment information is required if you want faster delivery or if NYSIF is not 100% liable for your claim(s).

○ **Electronic Check.** Pay from your bank account. (You must first register online or call Customer Care.)

○ **Credit or Debit Card.** (VISA®, MasterCard®, Discover®, or American Express®)

○ Fill in this oval to use your card on file.

○ Fill in this oval to use a new card or to update your card expiration date.

CARD NUMBER | Exp. Date MMYY

Credit Card Holder Signature/Date

○ **Check or Money Order.** Amount: $ ____ . ____

- Make check or money order out to CVS Caremark.
- Write your claimant ID number on your check or money order.
- If your check is returned, we will charge you up to $40.

Payment for Balance Due and Future Orders: If you chose Electronic Check, or a Credit or Debit Card, we will also use it to pay for any balance that you owe and for future orders.

○ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Regular delivery is free and will take up to 10 days from the day you send this form.

If you want faster delivery, choose:

○ **2nd Business Day ($17)**

○ **Next Business Day ($23)**

Business days are only Monday-Friday

- Faster delivery charges may change.
- Faster delivery is for shipping time only, not processing.
- Faster delivery can only be sent to a street address, not a PO Box.