



Injured Worker Prescription Form

Claimant Instructions:

1. Please enter your name, social security number, and date of injury on the lines below.
2. To locate a participating pharmacy closest to you, call (800) 758-5779 or go to www.healthsystems.com
3. On your first visit to the pharmacy, give this form to the pharmacist to process your workers' compensation prescriptions. Approved prescriptions are based on the parameters established by CompSource Mutual Insurance Company.

First name: _____ Last name: _____

Social Security Number: _____ Date of injury: _____

_____ (Temporary Member ID: Pharmacy Use Only)

Pharmacy instructions:

1. Your Company has a contract to participate in the Healthsystems Pharmacy Network.
2. To dispense the patient's "First-Fill", please call Healthsystems at (800) 758-5779 and indicate to the Healthsystems Help Desk this is a new injury.
3. **BIN# 012874**
*Group number is not required.
4. If you need further assistance please call the Healthsystems™ help desk at **(800) 758-5779**.

Thank you for your assistance.

Sample of Healthsystems Network Pharmacies

Apothecary Shoppe	Dons	Kens	NCS Healthcare	Sooner Pharmacy
Buy for Less	Drug Mart	Kmart	Palace Drug	Target
Central Drug	Drug Warehouse	Mays Drug Store	Pratts Pharmacy	United Supermarkets
City Market	Eckerd	Medical Center Pharm	Professional Pharm	United Discount Drug
Clinic Pharmacy	Family Meds	Medicap Pharmacy	R&S Drug	Walgreens
Couch Pharmacy	Homeland	Medicine Chest	Reasors Pharm	Wal-Mart
Crest Discount Pharm	IHS	Medicine Shoppe	Sam's Club	Western Drug
CVS	Indian Health Center	Med-X Drug	Scheffe Prescription	Winn Dixie