



## Welcome to Travelers

Travelers is committed to providing our customers the tools needed to easily obtain prescription medications for your Injured Employees.

Travelers Pharmacy Benefit Management partner Healthsystems™ offers a preferred pharmaceutical network for our customers. Healthsystems™ is the retail pharmacy component and Walgreens Home Delivery is the mail order home delivery component. Your Injured Employees will be able to get their work-related medications filled at a local pharmacy with no out-of-pocket expenses and at a discounted rate to you, the employer.

As we strive to increase utilization, Travelers and Healthsystems™ have implemented a national "First Fill" program. Our First Fill program yields the following benefits:

- reduces the instances where Injured Employees have to pay out-of-pocket
- increases the utilization of initial prescriptions through the Healthsystems™ network
- reduces overall pharmacy cost for the employer
- minimizes the use of paper bills

Your Injured Employee can receive medications within hours after his/her injury occurs. This rapid approval process will advance a 10 day supply of medications.

Travelers has a form in English and Spanish that employers like you can provide to your employees when they sustain a work-related injury. The Injured Employee simply hands the pharmacy prescription form to the pharmacist to process the prescription. The form can be used at locations where medical care is coordinated by an on-site nurse or Human Resources manager.

If you have any questions related to the pharmacy program or process, please contact your Travelers claim representative.

Thank you.

Instructions for: **Employer or Claim Handler**

Please complete this form before providing to Injured Employee.

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

\*Required Information

Instructions for: **Injured Employee**

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

1. Present this form to your pharmacist.
2. Locate a participating pharmacy closest to you. For assistance use the following tools:
  - Call: 1.877.528.9497
  - Visit: [www.healthesystems.com](http://www.healthesystems.com) and click on "Pharmacy Search" located under the "Pharmacy Tools button"
  - A sample listing of pharmacies are provided at the bottom of this form

Instructions for: **Pharmacists**

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

**First Fill Script:**

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

- Call the Healthesystems 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 Healthesystems

**Existing Claim:**

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

**Prescription Processing Information:**

Transmit prescription using the following

Healthesystems Customer Service Center phone number: <b>1.877.528.9497</b> (press 1 for retail pharmacy option)		
BIN:  <b>012874</b>	Carrier/Customer ID:  <b>TRAVELERS</b>	* Member ID: <i>(provided by Healthesystems CSC representative)</i>

\*Required Information

*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.*

Healthesystems Pharmacy Network

Albertson's	Giant Eagle	Medicap Pharmacy	Sam's Club	Walgreens
Bi-Lo Pharmacy	Giant Pharmacy	Medicine Shoppe	Sav-On Drugs	Wal-Mart
Brooks Pharmacy	HEB Pharmacy	Meijer Pharmacy	Shoprite Pharmacy	Winn Dixie Pharmacy
Costco Pharmacy	Hy-Vee Pharmacy	Oscos Drug	Stop & Shop	
CVS Pharmacy	Kmart	Publix Pharmacy	Target	
Duane Reade	Kroger Pharmacy	Rite Aid	VAMC	
Fred's Pharmacy	Long's Drug Store	Safeway Pharmacy	Vons Pharmacy	

Call 1.877.528.9497 or visit [www.healthesystems.com](http://www.healthesystems.com) to see a full list of network pharmacies.

Instrucciones para: **Empleador o Gestor de Reclamaciones**

Complete este formulario antes de entregarlo al Trabajador lesionado.

*Apellido, nombre:	*Número de Seguro Social:
*Fecha de la lesión:	*Fecha de nacimiento:
*Nombre del empleador:	Número de reclamación si se conoce:

\* Información obligatoria

Instrucciones para: **Empleado lesionado**

Para surtir su receta para una lesión por accidente laboral (compensación de trabajadores), siga estos pasos sencillos:

1. Presente este formulario a su farmacéutico.
2. Ubique la farmacia participante más cercana. Para asistencia, use las siguientes herramientas:
  - Llame al: 1.877.528.9497
  - Ingrese a: [www.healthsystems.com](http://www.healthsystems.com) y haga clic en "Pharmacy Search" ("Búsqueda de farmacias") ubicado bajo el botón "Pharmacy Tools" ("Herramientas de farmacia")
  - Al final de este formulario hay una muestra de lista de farmacias

Instrucciones para: **Farmacéuticos**

Su farmacia tiene un contrato para participar en la Red de Farmacias de Healthesystems.

**Para surtir la primera receta:**

Para dispensar la primera receta del empleado lesionado para su medicación por accidente laboral (compensación de trabajadores):

- Llame al Centro de Servicio al Cliente de Healthesystems: 1.877.528.9497
- Indique que es una nueva lesión por accidente laboral; no procese bajo una lesión existente
- Procese usando el número de identificación temporario suministrado por Healthesystems

**Reclamación existente:**

- Para dispensar recetas posteriores para una lesión existente, transmita usando el número de identificación del miembro

**Prescription Processing Information:**

Transmit prescription using the following

Healthesystems Customer Service Center phone number: <b>1.877.528.9497</b> (press 1 for retail pharmacy option)		
BIN (número de identificación de beneficio): <b>012874</b>	Compañía de transportes/ Identificación de cliente: <b>TRAVELERS</b>	* Identificación de miembro: (provista por el representante del Centro de Servicio al Cliente de Healthesystems)

\* Información obligatoria

*Este formulario para surtir recetas de empleados lesionados no es una garantía de cobertura por Travelers para recetas ni ningún otro beneficio. La cobertura depende de los hechos y circunstancias de la reclamación o siniestro, todas las políticas aplicables del seguro o disposiciones de contrato de servicio de reclamaciones, y toda la legislación aplicable.*

**Red de farmacias de Healthesystems**

Albertson's	Giant Eagle	Medicap Pharmacy	Sam's Club	Walgreens
Bi-Lo Pharmacy	Giant Pharmacy	Medicine Shoppe	Sav-On Drugs	Wal-Mart
Brooks Pharmacy	HEB Pharmacy	Meijer Pharmacy	Shoptite Pharmacy	Winn Dixie Pharmacy
Costco Pharmacy	Hy-Vee Pharmacy	Oscor Drug	Stop & Shop	
CVS Pharmacy	Kmart	Publix Pharmacy	Target	
Duane Reade	Kroger Pharmacy	Rite Aid	VAMC	
Fred's Pharmacy	Long's Drug Store	Safeway Pharmacy	Vons Pharmacy	

Llame al 1.877.528.9497 o ingrese a [www.healthsystems.com](http://www.healthsystems.com) para ver una lista completa de farmacias de la red.