



## Injured Worker First Fill Prescription Form

### Injured Worker Instructions (for New Injuries Only):

On your first visit to the pharmacy, please give this form to the pharmacist to expedite the processing of your approved workers' compensation prescriptions. Approved prescriptions are based on the parameters established by Sentry Insurance. This form must be used to fill your prescription within 30 days of the date of injury. To locate a network pharmacy closest to you call **800-758-5779** or visit [www.healthsystems.com](http://www.healthsystems.com).

Please **PRINT** the following information:

Last Name:	First Name:	Date of Birth:
*Social Security Number:	*Date of Injury:	
Employer Name:	Employer Phone Number:	Carrier/Customer ID: <b>6000SENT</b>

\*Required Information

### Partial Listing of Healthsystems™ Network Pharmacies

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

### Pharmacist Instructions:

Your pharmacy is contracted to participate in the Healthsystems™ Pharmacy Network. **To dispense the patient's First-Fill, please call Healthsystems™ at 1-800-758-5779. Indicate to the Healthsystems™ Help Desk that this is a new workers' compensation injury.** Do not process under an existing injury.

Healthsystems™ pharmacy Help Desk phone number: <b>1-800-758-5779</b>	
BIN#: <b>012874</b>	Temporary Member ID: (to be provided by the Healthsystems™ Help Desk):

*For pharmacist use only*