First Fill Prescription Form

for Injured Workers

Berkley INDUSTRIALCOMP®
a Berkley Company

Healthe SYSTEMS

Instructions for: **Employer**

*Required Information

Please complete this form before providing to Injured Worker

*Last Name, First Name:

*Date of Birth:

*Date of Injury:

*Employer Name:

*Social Security Number:

Instructions for: **Injured Workers**

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

1. Present this form at your local pharmacy within 15 days of the date you were injured
2. Locate a participating pharmacy closest to you by scanning the QR code to the right or visiting the website below

Scan the QR code to visit our Pharmacy Search tool and locate a network pharmacy near you.

For assistance use the following tools:

1-800-758-5779 www.healthesystems.com/pharmacy-search

Instructions for: **Pharmacists**

Your pharmacy has contracted to participate in the Healthesystems Pharmacy Network. To dispense the patient's first fill for their workers' compensation prescription:

1. Indicate that this is a new workers' comp injury; do not process under an existing injury
2. Call the Healthesystems Customer Service Center: 1-800-758-5779
3. Process using the **Member ID #** provided by Healthesystems

Prescription Processing Information:

Transmit prescription using the following

Healthesystems Customer Service Center:
1.800.758.5779 (press 1 for retail pharmacy option)

BIN: 012874

Carrier/Customer ID: Berkley Industrial Comp

***Member ID:**
(provided by Healthesystems CSC representative)

*Required Information

The injured worker, in many states, has the free, full and absolute choice in the selection of a pharmacy or pharmacist.
The above information is provided if the injured worker needs assistance in locating a pharmacy.