Welcome to Constitution State Services

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

Constitution State Services Pharmacy Benefit Management partner Healthesystems™ offers a preferred pharmaceutical network for our customers. Healthesystems™ 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, Constitution State Services and Healthesystems™ 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 Healthesystems™ 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.

Constitution State Services 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 "First Fill" 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 First Fill program or process, please contact your Constitution State Services claim representative.

Thank you.

Constitution State Services

Healthesystems™

Workers' Compensation
Pharmacy Prescription Fill Form

Instructions:

1. Please enter injured employee name, SSN (or claim number – **for existing claims only**), and date of injury.
2. On your visit to the pharmacy, give this form to the pharmacist to process your Workers' Compensation related prescriptions.
3. A partial listing of network pharmacies is below. For additional pharmacies, call **1-877-528-9497** or log onto to www.healthesystems.com

First Name:_____ Last Name:_____

SSN: _____ or Claim Number: _____TRV

Date of Injury:_____(mm/dd/yyyy)

Pharmacy Instructions:

1. Your Pharmacy participates in the Healthesystems™ Pharmacy Network.
2. To dispense the injured employee's Workers' Compensation related prescriptions, and for processing assistance **please contact our help desk at 877-528-9497**.
3. **BIN# 012874 -** *Group number is not required.

Thank you for your assistance.

Healthesystems™ Network Pharmacies (call 1-877-528-9497 for add'l pharmacies)

A & P	Eckerd Drug	Medicine Shoppe	Target
Cleve Hill Pharmacy	Gristedes Sloans	Pathmark	Tops Market
Clinton Pharmacy	Hannaford	Penn Traffic	Walgreens
Costco	Kinney Drugs	Price Chopper	Wal-Mart
CVS	K-Mart	Rite-Aid Pharmacy	Wegman Food
Duane Reade	Leader Drug	Stop & Shop	Geroulds Prof

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.

Versión en Español detrás de la página

Revision date: September 2008

Constitution State Services

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Workers' Compensation
Formulario para surtir su receta en la farmacia

Instrucciones:

1. Por favor escriba el nombre del empleado lesionado, número de seguro social (o número de reclamación- **solo para reclamaciones ya existentes**), y fecha de la lesión.
2. Cuando visite la farmacia, por favor entregue este formulario al farmacéutico para que procese las recetas relacionadas a su caso de Compensación al Trabajador (Workers' Compensation).
3. Abajo tiene una lista parcial de la red de farmacias. Para farmacias adicionales llame, al **1-877-528-9497** o visite: www.healthesystems.com

Nombre: _____ Apellido: _____

Número de seguro social: _____ o Número de reclamación: _____TRV

Fecha de la lesión _____ (mm/dd/aaaa)

Pharmacy Instructions:

1. Your Pharmacy participates in the Healthesystems™ Pharmacy Network.
2. To dispense the injured employee's Workers' Compensation related prescriptions, and for processing assistance **please contact our help desk at 877-528-9497.**
3. **BIN# 012874** *Group number is not required.

Thank you for your assistance.

Red de Farmacias de Healthesystems™

(llame al 1-877-528-9497 para farmacias adicionales)

A & P	Eckerd Drug	Medicine Shoppe	Target
Cleve Hill Pharmacy	Gristedes Sloans	Pathmark	Tops Market
Clinton Pharmacy	Hannaford	Penn Traffic	Walgreens
Costco	Kinney Drugs	Price Chopper	Wal-Mart
CVS	K-Mart	Rite-Aid Pharmacy	Wegman Food
Duane Reade	Leader Drug	Stop & Shop	Geroulds Prof

Este formulario para surtir su receta en la farmacia no es garantía de cobertura de recetas ni de algún otro beneficio por parte de Travelers. La cobertura depende de los hechos y las circunstancias envueltos en la reclamación o pérdida, todas las políticas de seguro aplicables o provisiones del contrato de servicio, y de cualquier ley aplicable.

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