



HSLI / LHAWC Fund



Find a pharmacy

Injured Worker Pharmacy Benefits

For your benefit, these instructions will allow setup of an injured worker in Carlisle Medical's Pharmacy Program. This Pharmacy program allows prescriptions to be filled by the injured worker that are authorized by the physician for treatment of their specific injury.

For the Injured Worker or HSLI / LHAWC Fund Representative Employer:

Please present this information to any participating pharmacy for prescription processing.

Keep and provide the Card below for processing approved medications related to your injury.

Call Carlisle Medical at 1.800.553.1783, Option 2 for assistance with the Prescription Card.

For the Pharmacy:


The below information will be needed at the pharmacy in order to process the injured worker's medications. The information can be obtained on the Prescription Card below or

from the Card Holder. **For assistance, call Carlisle Medical at 1.800.553.1783, Option 2.**

1	BIN Number: 019132
2	Group Number: G0441
3	Member ID: AW5P followed by month injured worker was born, day injured worker was born (i.e 09 24) and last 4 digits of the injured workers SSN. Member ID: AW5P_____ (Example: AW5P09241234) <small>MM D D</small>
4	Injured Worker's first and last name: On Card or obtained from Card Holder
5	Injured Worker's date of birth: On Card or obtained from Card Holder
6	Injured Worker's date of injury: On Card or obtained from Card Holder

If experiencing any problems filling the needed medications, please contact Carlisle Medical at 1.800.553.1783, Option 2 to speak directly with a Carlisle Medical Retail Pharmacy Representative.

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 Workers' Compensation Prescription Card	Injured Worker's Information
Group Number: G0441 PCN: C A R BIN: 019132 <i>For assistance call (800.553.1783, option 2)</i>	Name: _____ Date of Injury: _____ Date of Birth: _____ Member ID: AW5P_____ <i>See above instructions for format</i>