

Dear Injured Worker,

Cypress Care has been selected by your company to assist you in acquiring your prescription drugs. This form will provide you with the **convenience** of getting your workers' compensation medications at almost any pharmacy. There will be absolutely **no out-of-pocket expense**. Simply fill in your name and ID (last 4 digits of Social Security Number + DOI; no spaces) and present this form at the pharmacy when getting your prescriptions filled.

This form has been authorized for any of your **workers' compensation** prescriptions from your **authorized workers' compensation** physician. There are over 55,000 (nine out of ten) pharmacies in our national network. You may use your local pharmacy, call our toll free number for a list of other convenient pharmacies in your area, or go to www.cypresscare.com and use the pharmacy locator.

If you have any questions about the usage of this form or would like to discuss having your work-injury medications conveniently sent directly to your home, please call our toll-free customer service number: **1-800-419-7191** between the hours of 8:00am - Midnight EST.

Should you encounter any delays at the pharmacy for any reason, please have the pharmacy contact us immediately for assistance at **1-800-419-7191**.

EMPLOYER: Please be sure cards are filled out properly with Member Name and Member ID.

Sincerely,
Patient Care Coordinator

Please note: This form allows a cost maximum of \$150.00 per prescription and no more than a 14-day supply per prescription. Once your claim has been reviewed, you will be sent a new card in the mail.



Prescription Drug Card

Group Number: CCNCA01

Member Id:

(Last four digits of SSN + DOI)
(Example: 9999050106)

Member Name:

(Patient First & Last Name)

BIN # 010876

Pharmacy Help Desk 1-800-419-7191

To verify eligibility or to locate a participating pharmacy call 1-800-419-7191. To locate a pharmacy you can also visit www.cypresscare.com.