

On behalf of your employer, and your insurance company, **Compensation Claims Solutions**, Carlisle Medical has been selected to provide pharmacy benefits to you for all medications associated with your work-related injury. These medications can be obtained at no out-of-pocket expense to you from our network of over 64,000 participating pharmacies. **Please present this form to the pharmacy in order to receive your medication.** Below is a list of network pharmacies that are located in your area. For additional locations, you may contact us at 800-553-1783 or visit our website at <a href="https://www.carlislemedical.com">www.carlislemedical.com</a> and enter your city or zip code in the Pharmacy Locator section.

Walmart CVS Harris Teeter Walgreen's Target Medicap

\*\*\* To avoid any unnecessary delays in filling your **first** prescription, please visit the pharmacy Monday through Friday as early in the day as possible.

Injured Worke	rs' Information:
Name:	
Date of Injury: _	
Member ID / SSN	l:
D.O.B:	

## Pharmacy information:

Plan is RESTAT, Bin # 600471
Group/Carrier Number = W591
Person Code = 000
Member id = injured workers' SSN (see above)

- For questions concerning authorization of medication or rejections, contact Carlisle Medical Inc. at 1-800-553-1783 Monday-Friday 7:00 a.m. to 10:00 p.m. CST
- For technical support regarding online transmissions contact RESTAT customer service at 1-800-248-1062