

First Fill Information Trindel Insurance Fund



Dear Injured Worker,

Cypress Care has been selected by Trindel Insurance Fund to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply fill in the form below and present it at the pharmacy at the time your prescription is filled. This form guarantees that you will have no out-of-pocket expenses when you fill your first prescription.

For your convenience, Cypress Care has an extensive network of retail pharmacies including major chain drug stores.

For pharmacy locations, you may call our toll-free number or visit our website at www.cypresscare.com and use the pharmacy locator in the quick links section of the home page.

If you have any questions, or would like to learn about our convenient home delivery service, please call our customer service number: **800.419.7191**.

Estimado Trabajador(a) Lesionado(a),

Cypress Care ha sido seleccionado por Trindel Insurance Fund para asistirle en la obtención de medicamentos relacionados con su reclamo de compensación de trabajadores. Este formulario le permite completar las prescripciones escritas por el médico de sus empleados autorizados de compensación para los medicamentos relacionados con su lesión. Simplemente llene el siguiente formulario y preséntelo en la farmacia en el momento que su prescripción está lleno. Esta forma garantiza que usted no tendrá gastos fuera de bolsillo cuando usted llene su primera prescripción.

Para su comodidad, Cypress Care cuenta con una extensa red de farmacias al por menor. De la red de farmacias Cypress Care incluye las siguientes principales cadena de farmacias:

Para localidades de Farmacia adicional, también puede llamar a nuestro número gratuito o visite nuestro sitio web en www.cypresscare.com y usar el localizador de farmacias en la sección de enlaces rápidos de la página de inicio.

Si usted tiene alguna pregunta, o le gustaría aprender acerca de nuestro conveniente servicio al domicilio, llame a nuestro número gratuito de servicio al cliente: **800.419.7191**.

First Fill Form: Complete and take to your pharmacy

Bin #: 010876 Group Number: TRINDELINSFUND

Member ID:

Last 4 digits of SSN + date of injury; No spaces
(i.e. 9999050206)

Member Name:

Injured worker's first & last name

Employer Name:

Date of Injury:

Pharmacy Help Desk: **800.419.7191**

PLEASE NOTE: This form allows you to fill your initial prescriptions with a cost maximum of \$150 per prescription and no more than a 10-day supply per prescription. Once your claim has been reviewed, you will be sent a new card in the mail. If you do not receive the pharmacy card, please call us at **800.419.7191**.

Issuance of this letter does not constitute acceptance of your claim.

**PLUMAS COUNTY
TRINDEL – CYPRESS CARE NETWORK PHARMACIES**

**IF YOU HAVE BEEN PRESCRIBED MEDICATION FOR YOUR WORK-RELATED INJURY, PLEASE
TAKE YOUR "FIRST FILL FORM" TO ONE OF THE PHARMACIES LISTED BELOW:**

**RITE AID PHARMACY #06093
40 EAST MAIN STREET
QUINCY, CA 95971
PHONE: (530) 283-1809
FAX: (530) 283-4937**

**PORTOLA VILLAGE PHARMACY
157 COMMERCIAL STREET
PORTOLA, CA 96122
PHONE: (530) 832-4218
FAX: (530) 832-1375**

**QUINCY DRUG STORE
493 W MAIN STREET
QUINCY, CA 95971
PHONE: (530) 283-0480
FAX: (530) 283-1410**

**VILLAGE DRUG CO.
225 MAIN STREET
GREENVILLE, CA 95947
PHONE: (530) 284-6618
FAX: (530) 284-6940**

**LASSEN DRUG CO.
271 MAIN STREET STE A #827
CHESTER, CA 96020
PHONE: (530) 258-2261
FAX: (530) 258-1999**

IF YOU HAVE ANY QUESTIONS PLEASE CALL TRINDEL INSURANCE FUND AT (530) 623-2322.