



Texas Department Of Insurance

Division of Workers' Compensation

7551 Metro Center Dr. Ste.100 • MS-603

Austin, TX 78744-1609

(xxx) xxx-xxxx (xxx) xxx-xxxx fax www.tdi.state.tx.us

STATEMENT OF PHARMACY SERVICES (DWC Form-066)

Send this form to the injured employee's workers' compensation insurance carrier.

Coverage Verification

In accordance with Rule 134.501, I affirm that I have verified the workers' compensation insurance coverage for this employer, confirmed that a work-related injury of the employee named below has been reported to the employer for the listed date of injury, and have kept documentation regarding the means of verification/confirmation on file (see 28 Texas Administrative Code §134.501 for additional information).

SECTION 1

1. Pharmacy's Name, Address, and Phone #			2. Date of Billing	
			3. Pharmacy's NPI Number	
4. Remit Payment To (if different from above)			5. Invoice #	
			6. Payee's FEIN	
7. Carrier's Name and Address			8. Employer's Name, Address, and Phone #	
9. Injured Employee's Name and Address, and Phone #			15. Prescribing Doctor's Name, Address, and Phone #	
10a. Injured Employee's ID #	10b. ID Jurisdiction	10c. <input type="checkbox"/> SSN <input type="checkbox"/> DL# <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Green Card		16. Prescribing Doctor's NPI Number
11. DOI	12. DOB	13. CLAIM # (if known)	14. Carrier's Claim # (if known)	

SECTION 2

17. Dispensed <input type="checkbox"/> Generic <input type="checkbox"/> Name Brand		18. Generic Available? <input type="checkbox"/> YES <input type="checkbox"/> NO		19. Dispensed As Written Code:		
20. Date Filled	21. Generic NDC	22. Name Brand NDC	23. Quantity	24. Days Supply	25. Refills Remaining	26. Paid by Employee
27. Drug Name and Strength			28. Rx #		29. Amount Billed	
17. Dispensed <input type="checkbox"/> Generic <input type="checkbox"/> Name Brand		18. Generic Available? <input type="checkbox"/> YES <input type="checkbox"/> NO		19. Dispensed As Written Code:		
20. Date Filled	21. Generic NDC	22. Name Brand NDC	23. Quantity	24. Days Supply	25. Refills Remaining	26. Paid by Employee
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