

ATTACHMENT 63

 Department of Civil Service	NYSIF Invoice - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"
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PBM PAPER INVOICE:

Directory/Operator:
Billing Department:
Phone:

INV Date:
Payment Terms: Per the contract
Account Name: New York State Insurance Fund
INV Total:

NEW YORK STATE INSURANCE FUND

ATTN:
199 Church Street - 4th Floor
New York, NY 10007

DESCRIPTION	TOTAL	AMOUNT
MAIL ORDER BRANDED	: INGREDIENT : DISPENSING : ADMINISTRATION : TAX : LESS: COPAY : CLAIMS	
	MAIL ORDER BRANDED	
MAIL ORDER GENERIC	: INGREDIENT : DISPENSING : ADMINISTRATION : TAX : LESS: COPAY : CLAIMS	
	MAIL ORDER GENERIC	
NETWORK BRANDED	: INGREDIENT : DISPENSING : ADMINISTRATION : TAX : LESS: COPAY : CLAIMS	
	NETWORK BRANDED	

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NYSIF Invoice - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

NETWORK GENERIC : INGREDIENT
: DISPENSING
: ADMINISTRATION
: TAX
: LESS: COPAY
: CLAIMS

NETWORK GENERIC

*NON-NETWORK BRANDED : INGREDIENT
: DISPENSING
: ADMINISTRATION
: TAX
: LESS: COPAY
: CLAIMS

NON-NETWORK BRANDED

*NON-NETWORK GENERIC : INGREDIENT
: DISPENSING
: ADMINISTRATION
: TAX

: LESS: COPAY
: CLAIMS

NON-NETWORK GENERIC

REMITTANCE INFORMATION

Remit Address

Payment Instructions

Wire:

Bank Information

ABA # :

ACCT# :

ACH/EFT:

Bank Information

ABA # :

ACCT# :

Customer : ANYSIFCOMP

Group :

INV NUMBER :

INV DATE :

INV TOTAL :