

PREScription CARD INSTRUCTIONS

- Employer reports the injury on line to Inservco
- Employer provides the temporary prescription card to the injured employee
- Employer/employee calls 1-866-446-2848 to activate the card prior to going to the pharmacy
- First fills of prescriptions will be filled that are in the workers compensation formulary for a 21 day supply

- Drugs that are determined not related to the injury will be denied after the first 21 day fill
- Pre authorized drugs will be filled for a 7 day supply only. If we later determine these prescriptions are not related to the injury no more will be filled after the first 7 day supply

- A permanent card will be issued to the employee after the claim is confirmed compensable



INSTRUCTIONS FOR WORKERS' COMPENSATION PRESCRIPTION BENEFIT CLAIMS

To the Card Holder:

The attached Prescription Benefit Card contains important information about your employer's prescription drug plan, and you must present it to your pharmacist when filling any prescription related to your work injury. The card requires activation by telephone. Once activated, it will authorize you to obtain only those medications that are directly related to your work injury. If your employer has called to activate your card, they will either fill in the required information on the card or provide you with the information needed to complete it. If your employer has not called to activate your card, you must call to activate the card prior to taking it to the pharmacy. When you call, you will be asked to provide your name, date of birth, employer's name and telephone number, and the date of injury. Please have this information available when you call.

CALL 1.866.446.2848 TO ACTIVATE YOUR CARD, OR IF YOU NEED MEDICAL EQUIPMENT & SUPPLIES


At the time of your call, write the ID number provided to you on your Prescription Benefit Card. Upon completion of your call, your card will be immediately activated. You may then take it to your pharmacy, and your prescription(s) will be filled subject to the following conditions:

- Your prescription(s) must be related to your work injury; should you attempt to use this card for any other prescriptions, it will become your responsibility to pay for them.
- There may be limitations on how much of your prescription can be filled, and our staff may need to review certain information before filling your prescription. We will let your pharmacist know if this is the case.
- All compound medications must be preauthorized before the pharmacy can fill the prescription.
- Your prescription plan requires the pharmacist to fill prescriptions from a list of generic drugs (if one is available), unless the physician has specified that the drug must be dispensed as written (with no substitution allowed, or otherwise required by law), so you may see a change in the actual drug you receive.

Please avoid having any prescription related to your work injury filled directly by the prescribing physician's office, as most physicians do not accept prescription benefit cards similar to KeyScripts' for billing purposes. You may visit the KeyScripts network pharmacy of your choice, which includes all major retail pharmacies, such as CVS, Rite Aid, Target, Walgreens and Walmart. You can quickly find your nearest KeyScripts network pharmacy by using the *Find A Pharmacy* link on our home page, at www.keyscripits.com, or you may call our toll-free customer service center at 1.866.446.2848.

Here is your KeyScripts Prescription Benefit Card containing important claims and customer service information for you and your pharmacist. After activation, detach the lower portion of this letter and present it to your pharmacist when filling your prescription.

Detach Here

 <p>For customer service, call toll free, at 1.866.446.2848</p> <p>Bin #: 009430 Group ID: INSV0030</p> <p>Employee Name: _____</p> <p>Employee ID: _____</p> <p>Workers' Compensation Prescription Benefit Card</p>	<p>To the Employee: Present this card to your pharmacy of choice for any prescription drug related to your workers' compensation injury. This card is for identification purposes only, and your pharmacist may require additional/photo identification at time of fill. Unauthorized or fraudulent use of this card is punishable by law. We reserve the right to revoke this card at any time.</p> <p>To the Pharmacy: Submit claims via the ProCare System only for the person for whom the prescription was written. All compound medications must be preauthorized.</p> <p style="text-align: center;">ProCare RX 1267 Professional Parkway, Gainesville, GA 30507 Pharmacy Help Desk 1.800.377.1037</p>
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