


The card below contains information about the State System's worker's compensation claim services company, Inservco. Please present this card when you are seen at one of the State System's designated health care providers for medical care.




  <b>Employer:</b> Pa State System of Higher Education  <b>Employee Name</b> _____  <b>Date of Injury:</b> _____	<p><b>EMPLOYEE:</b> To ensure prompt payment of bills, present this card when you receive medical care for the injury. Use the separate KeyScripts card for all prescriptions related to the injury.</p> <p><b>SEND BILLS TO:</b> Inservco Insurance Services, Inc. 2 North 2<sup>nd</sup> Street, #2, P.O. Box 3899 Harrisburg, PA 17105-3899 Phone: 800.356.0438 Fax: 717.356-0438</p> <p><b>MEDICAL PROVIDER:</b> To order medical equipment and supplies, physical therapy services, diagnostic testing or prescriptions, call KeyScripts at 1.866.446.2848. All compound medications must be preauthorized.</p>
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The Prescription Benefit Card below is to be used for prescriptions related to your workers' compensation injury. Should you attempt to use this card for any other prescriptions, it will become your responsibility to pay for them. Your card will be activated by your University Workers' Compensation Coordinator.

Please avoid having your prescription related to your work injury filled directly by the prescribing physician's office, as most physician's 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 the nearest KeyScripts network pharmacy by using the Find a Pharmacy Link at [www.keyscriptsllc.com](http://www.keyscriptsllc.com) or you may call the toll-free customer service center at 1.866.446.2848.

Contact KeyScripts customer service for medical equipment and supplies.

After activation, present the Prescription Benefit Card to your pharmacist when filling your prescription.

 <b>For customer service, call 866.446.2848</b>  <b>Bin #:</b> 009430 <b>Group ID:</b> INSV0030  <b>Employee Name:</b> _____ <b>Employee ID:</b> KEY <b>Workers' Compensation Prescription Benefit Card</b>	<p><b>To the Employee:</b> Present this card to your pharmacy of choice for any prescription drug related to your worker's 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><b>To the Pharmacy:</b> Submit claims via the ProCare System only for the person for whom the prescription was written.</p> <p> 1267 Professional Parkway, Gainesville, GA 30507 Pharmacy Help Desk 1.800.699.3542</p>
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