



Live-Operator Support 866.446.2848  
 Email [info@keyscriptsllc.com](mailto:info@keyscriptsllc.com)  
 Visit [keyscriptsllc.com](http://keyscriptsllc.com)  
 Fax 717.732.9467

Dear Injured Worker:

The attached temporary KeyScripts Prescription Benefit Card will authorize you to obtain prescription medications related to your work injury, with no out-of-pocket expense, **but you must call to activate the card before taking it to the pharmacy.** The call takes only a few minutes. You will be asked for your name, date of birth, employer’s name and telephone number, and your date of injury, so please have this information available when you call.

**CALL 866.446.2848 TO ACTIVATE YOUR CARD NOW**  
**YOUR ACCOUNT NAME IS: EASTERN ALLIANCE**

Write your name and Employee ID number (provided to you during card activation) in the spaces provided on the card. Your card will be immediately activated after your call, and you may then take it to your pharmacy to fill your work injury prescription(s). *NOTE: There may be limitations on how much of your prescription can be filled, based on your employer’s prescription benefit plan.*

**Do not attempt to fill any prescription other than your work injury prescription using the KeyScripts card. Avoid filling any prescription related to your work injury directly at the prescribing physician’s office, as most physicians do not accept prescription benefit cards similar to KeyScripts’ for billing purposes.**

You may visit your KeyScripts network pharmacy of choice, which includes all of the major retail pharmacies, such as CVS, Rite Aid, Target, Walgreens and Walmart. **Need help finding your nearest network pharmacy? Call KeyScripts at 866.446.2848.**

*Your temporary KeyScripts Prescription Benefit Card contains important claims and customer service information for you and your pharmacist. After activation, present the card to your pharmacist when filling any prescription related to your work injury. You will receive a permanent card in the mail shortly.*

	<b>For customer service, call 866.446.2848</b>	<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.
<b>Bin #: 009430</b> <b>Group ID: EAST0030</b>		<b>To the Pharmacy:</b> Submit claims via the ProCare System only for the person for whom the prescription was written.
<b>Employee Name:</b> _____		ProCare RX 1267 Professional Parkway, Gainesville GA 30507 <b>Pharmacy Help Desk 1.800.277.1657</b>
<b>Employee ID:</b> _____		
<b>Workers’ Compensation Prescription Benefit Card</b>		