



For Customer Service Call 866.446.2848
 Email info@keyscriptsllc.com
 Visit keyscriptsllc.com
 Fax 717.732.9467

Dear Injured Worker:

The attached KeyScripts Temporary 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: BUILDERS MUTUAL INSURANCE COMPANY

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

Please call KeyScripts customer service at 866.446.2848 with any questions regarding the use of your new card. From our robust national network of more than 70,000 pharmacies, you may visit your KeyScripts network pharmacy of choice – which includes all major retail pharmacies like CVS, Target, Walgreens, Walmart, Sam’s Club and Costco – as well as most supermarket chain and grocery store pharmacies. Need help finding your nearest KeyScripts network pharmacy? Call us at 866.446.2848.

Your KeyScripts Temporary 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.

	For customer service, call 866.446.2848	To the Employee: Present this card to your KeyScripts Network 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.
Bin #: 009430 Group ID: BMIC0030		To the Pharmacy: Submit claims via the ProCare System only for the person for whom the prescription was written.
Employee Name: _____		<p style="text-align: center;">ProCare Rx</p> 1267 Professional Parkway, Gainesville, GA 30507 Pharmacy Help Desk 1.800.277.1657
Employee ID: _____		
Workers’ Compensation Prescription Benefit Card		