

COMPLETE & EMAIL TO ACCIDENTMEDS@KEYHEALTH.NET

PERSONAL INJURY ATTORNEY

_____		_____	
Law Firm or Attorney Name		Contact Name	
_____	_____	_____	
Email	Office Phone	Office Fax	
_____	_____	_____	_____
Mailing Address	City	State	Zip

CLIENT INFORMATION

_____	_____	_____	
First Name	Last Name	Phone	
_____	_____	_____	
Email	Date of Birth	Date of Injury	
_____	_____	_____	
Mailing Address	City	State	Zip

EASY SETUP

- Use this form to submit a new client for a pharmacy card
- Complete and email to **accidentmeds@keyhealth.net** or fax to **(855) 795-4367**
- You will receive a confirmation email/fax once the card has been activated along with a copy of the pharmacy card
- Your client will be able to take their valid personal injury case related prescriptions with the activated pharmacy card to any local retail pharmacy. Your client will pay nothing at the pharmacy at the time of pick up

- **NO CO-PAY**
- **NO DEDUCTIBLE**
- **NO OUT-OF-POCKET COST**

