

COMPLETE & EMAIL TO ACCIDENTMEDS@KEYHEALTH.NET

PROVIDER INFORMATION

Facility Name	Physician Name	
Contact Name	Office Phone	Office Fax

PERSONAL INJURY ATTORNEY

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

PATIENT 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 patient 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 patient will be able to take their valid personal injury case related prescriptions with the activated pharmacy card to any local retail pharmacy. Your patient will pay nothing at the pharmacy at the time of pick up

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