



KEY HEALTH CARE

Your key to health care savings has arrived



On-Line Pharmacy Benefit Certificate

PLEASE FOLLOW THE ACTION STEPS LISTED BELOW TO PROCESS THE CLAIM

KHC

STEP 1	ENTER BIN NUMBER 054237
STEP 2	ENTER PROCESSOR CONTROL KHC
STEP 3	ENTER RX GROUP NUMBER 1769003
STEP 4	ENTER 9 DIGIT ID (LAST FOUR OF SOCIAL, FIRST LETTER OF LAST NAME AND YEAR OF BIRTH)
STEP 5	ENTER BENEFICIARY'S DATE OF BIRTH

PRESCRIBER: PLEASE ATTACH ALL PRESCRIPTIONS TO THIS FORM AND RETURN TO PATIENT TO SUBMIT TO PHARMACY. FOR A LISTING OF AUTHORIZED PARTICIPATING PHARMACIES, PLEASE CALL THE KEY HEALTH CARE HELP DESK AT **1-888-320-5397 (KEYS)**.

NEEED

ASSISTANCE?



PHARMACIST: IF YOU HAVE ANY QUESTIONS WHILE PROCESSING THE CLAIM, PLEASE CALL THE KEY HEALTH CARE HELP DESK AT **1-888-320-5397 (KEYS)**.

This is NOT insurance and it is not intended to replace insurance. This program does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00; but will provide you with a significant discount off the cost of your prescription drugs. To learn if you may be eligible to receive additional savings on your prescription drugs, please call 888-320-5397.