



INSERVCO  
INSURANCE SERVICES, INC.

HOMS

**COMMONWEALTH OF PENNSYLVANIA**  
**Managed Care Program for Work-Related Injuries**

**Employer/Agency** \_\_\_\_\_

**Employee Name** \_\_\_\_\_

**Date of Injury** \_\_\_\_\_

**EMPLOYEE:** To ensure prompt payment of bills, present this card when you receive medical care for the injury. Use the separate KeyScripts card for all prescriptions related to the injury.

**CLAIM#:** The temporary claim number is your personnel number.

**SEND BILLS TO:** Inservco Insurance Services, Inc.  
2 N. 2nd Street, #2, P.O. Box 3899  
Harrisburg, PA 17105-3899  
PHONE: 800.356.0438 FAX: 717.221.6060

**MEDICAL PROVIDER:** To order medical equipment and supplies, physical therapy services, diagnostic testing or prescriptions, call KeyScripts, LLC, at 1.866.446.2848. All compound medications must be preauthorized.