

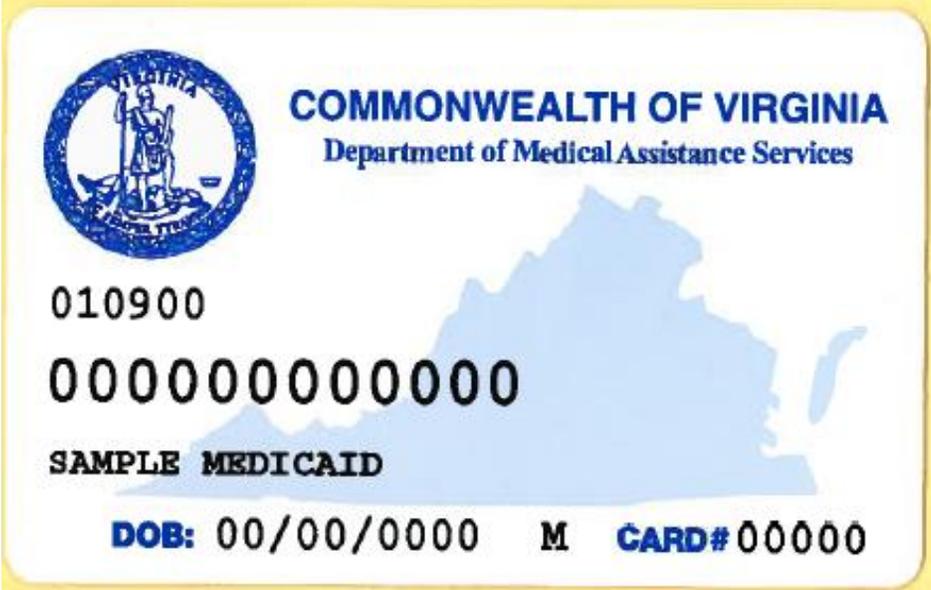
MANAGED CARE RESOURCE GUIDE

Department of Medical Assistance Services

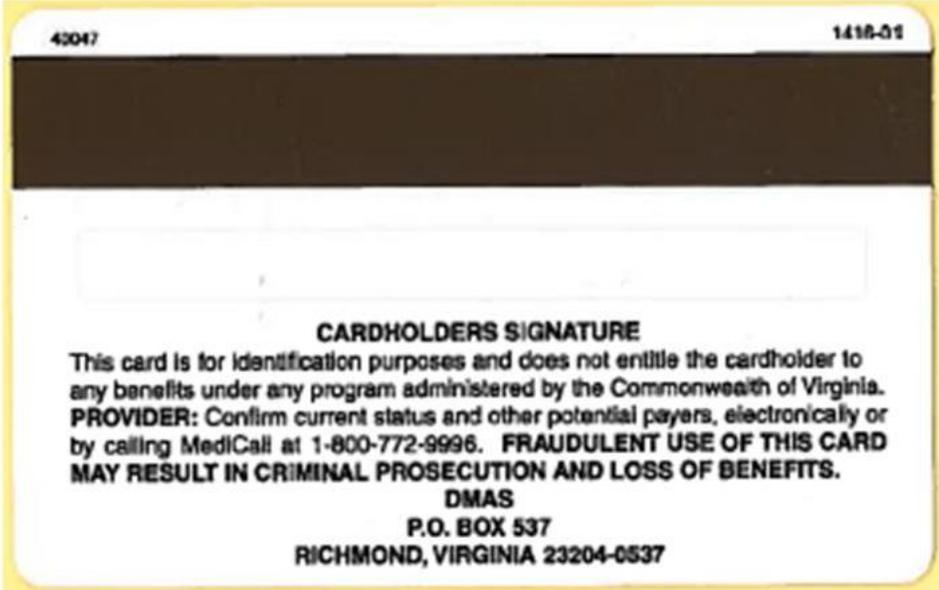
17. Sample ID Cards

Virginia Medicaid Permanent Plastic ID Card SAMPLE

FRONT



BACK



Medallion II MCO ID Cards

Amerigroup

FRONT



Effective Date: MDYEFF
Date of Birth: MDYDOB
Subscriber #: MEMBERID

AMERIGROUP VIRGINIA, INC.
MEDICAID/FAMIS PLUS

Member Name: MBRNAME
Medicaid Number: MBRALTKEY
Primary Care Provider (PCP): PCPNAME
PCP Telephone #: PCPPHONE
Vision: 1-800-428-8789
Dental: Smiles For Children - 1-888-912-3456
Pharmacy: 1-800-600-4441
TDD/TTY #: 1-800-855-2880
Member Services/Nurse HelpLine and Behavioral Health: 1-800-600-4441



BACK

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your PCP for non-emergency care. If you have questions or suspect fraud or abuse, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 1-800-855-2880.

TO HOSPITALS: Preadmission certification is required for all non-emergency admissions including outpatient surgery. For emergency admissions, notify AMERIGROUP within 24 hours after treatment at 1-800-454-3730.

TO PROVIDERS: Certain services must be preauthorized. If preauthorization has not been obtained, please contact the PCP listed on this card before administering treatment. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.

PHARMACIES: Submit claims using Caremark RXBIN: 004336; RXPCN: ADV; and RXGRP: RX4294. For technical help, call Caremark at 1-800-345-5413.

SUBMIT CLAIMS TO:
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.
EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.

VAD1 01/11

ANTHEM HEALTHKEEPERS PLUS ID CARD

FRONT



Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

<p>David Smith Identification Number YTD123456780</p>	<p>PCP Name Jane Smith PCP Phone 999-999-9999 Medicaid ID 987654321</p>
---	---

<p>Group Number HKP00200 BC/BS Plan 423/923 Rx Bin Number 003858 PCN A4 Rx Group WLAA</p>	
---	--

Rx

BACK



Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

Members: When submitting inquiries always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911.

Providers: Please submit claims to your local BCBS plan. To ensure prompt claims processing please include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.

Claims Filing Address:
Post Office Box 27401
Richmond, Virginia 23279

anthem.com

Member Services: **1-800-901-0020**
Provider Services: **1-800-901-0020**
TDD (Hearing Impaired): **1-800-247-9843**
24/7 Nurse Line: **1-800-382-9625**
Mental Health Services: **1-800-991-6045**
Rx Services: **1-800-824-0898**
Authorization: **1-800-533-1120**
Transportation: **1-877-892-3988**
DentaQuest* **1-888-912-3456**

*** Not a Blue Cross Blue Shield Product**

HealthKeepers, Inc.
277 Bendix Road, Suite 100
Virginia Beach, VA 23452-1361

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CoventryCares of Virginia CARD

FRONT


NAME: XXXXXXXXXXXXXXXXXXXX
ID #: XXXXXXXXXXXXX
BIRTH DATE: 00/00/00
COVENTRYCARES OF VIRGINIA #: XXXXXXXXXX
PCP: PCPNAME
DOCTOR'S PHONE #: PCPPHONE
EFF. DATE: 00/00/0000
MENTAL HEALTH BENEFITS: 1-800-975-8919
TRANSPORTATION: 1-800-734-0430
Rx Group: CVTYMCD Rx Bin: 610014
Pharmacist Help Desk: 1-800-922-1557

medco[®]

CCVA.ID.12 A Coventry Health Care of Virginia, Inc. product

BACK

NOTICE TO MEMBERS

1. Show this card each time you seek medical care.
2. IN CASE OF EMERGENCY: Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room. Notify the Plan within 24 hours or as soon as medically possible.

IMPORTANT PHONE NUMBERS:

- Customer Service (questions or problems): 1-800-279-1878
- Smiles for Children's Program: 1-888-912-3456
- 24 Hour-Nurse Access Line: 1-877-878-8940

NOTICE TO PROVIDERS:

- Radiology Preauthorization: 1-866-642-9704
- Preauthorization for all other services: 1-800-235-2206

Call Customer Service with eligibility questions: 1-800-449-1944

Submit claims, resubmissions and proof of timely filing to:
CareNet, P.O. Box 7702, London, KY 40742
Payor ID: 25133

Submit appeals to CareNet: 9881 Mayland Drive, Richmond, VA 23233

MajestaCare-A Health Plan of Carilion Clinic ID CARD

FRONT



Medallion II

Member ID#: 000000000000-00 Date of Birth: 00/00/00 Sex: X

Member Name: Last Name, First Name

PCP Name: Last Name, First Name

PCP Phone: 000-000-0000 Effective Date: 00/00/00

For transportation call 1-866-996-9140

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

BACK

MEMBERS

Member Services 1-866-996-9140

TTY VA Relay 711

24-Hour Nurse Line 1-866-996-9140

MARCH Vision 1-888-493-4070

Behavioral Health 1-866-996-9140

Dental – Smiles for Children 1-888-912-3456

In an emergency, call 911 or go to the nearest hospital. Always call your PCP for non-emergency care.

PROVIDERS

Service Authorization is required for all inpatient admissions, selected outpatient services and all non-participating providers. For details visit www.majestacare.com.

SEND MEDICAL CLAIMS TO

MajestaCare – Claims Dept.

PO Box 63545

Phoenix, AZ 85082-3545

PAYOR ID: 26372

PHARMACY

RxBIN 610591

RxPCN ADV

RxGRP RX8816

Pharmacist use only 1-855-364-2971



MajestaCare | 213 South Jefferson Street | Suite 101 | Roanoke, Virginia 24011

OPTIMA FAMILY CARE ID CARD

FRONT



FAMILY CARE

Member Name: John Sample
 Member Number: 9999999*99
 Group Number: Optima Family Care
 Member Eff. Date: 07-01-09
 PCP Name: DR Doctor
 PCP Phone #: 999-9999

Medicaid #: 99999990 000 DOB: 00/00/0000

OV/ED	RX
\$0/ \$0	\$0

www.optimahealth.com

BACK

This card is used to obtain covered benefits. Present this card each time you seek health care services. Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

IN CASE OF EMERGENCY: Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room.

HELPFUL NUMBERS:

PROVIDER RELATIONS:	757-552-7474 OR 1-800-229-8822
MEMBER SERVICES:	757-552-8975 OR 1-800-881-2166
PRE AUTHORIZATION:	757-552-7540 OR 1-800-229-5522
AFTER HOURS NURSE ADVICE LINE:	757-552-7250 OR 1-800-394-2237
OUT-OF-AREA PROVIDER NETWORK:	1-888-972-7427
BEHAVIORAL HEALTH PRE-AUTHS:	757-552-7174 OR 1-800-648-8420
SMILES FOR CHILDREN:	1-888-912-3456
TRANSPORTATION:	1-877-892-3986

MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O.Box 5028	P.O.Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440

PHARMACY INFO: BIN #600428 PROCESSOR CONTROL # 01730000 OR CALL 1-800-KC-ARGUS

XXXXXXXXXX Offered by text XXXXXXXXXXXXX

VA PREMIER ID CARD

FRONT



BACK

Members:

1. If medical assistance is needed when your doctor's office is closed, please call:
VPH Nurseline 1-800-256-1982
2. Do not let anyone else use this card. Call VA Premier to report a lost or stolen card. **If you lose your eligibility for health benefits, this card is no longer valid.**
3. If you have questions, call the Member Services Department, Monday - Friday, 8:00a.m. - 5:00p.m. **Richmond:(804-819-5151)** or (1-800-289-4970)
Tidewater (757-461-0064) or (1-800-828-7953) **Roanoke (540-344-8838)** or (1-888-338-4579).
4. **If you have questions about your prescriptions or pharmacies, please call EnvisionRxOptions at 1-855-872-0005**

Call at least 72 hours in advance for medical transportation Mon. - Fri., 8:00a.m. - 5:00p.m.

Providers: For Authorizations, please contact our UM Department
1-888-251-3063. Pharmacies may call 1-855-872-0005.

HMO Claims Address:

Virginia Premier Health Plan Inc. P.O. Box 5207 • Richmond, VA 23220-0208

FAMIS MCO Identification Cards

Amerigroup ID CARD \$5 Co-pay

FRONT

 Amerigroup RealSolutions in healthcare	Effective Date: MDYEFF Date of Birth: MDYDOB Subscriber #: MEMBERID
AMERIGROUP VIRGINIA, INC. FAMIS PROGRAM	
Member Name: MBRNAME FAMIS Number: MBRALTKEY Primary Care Provider (PCP): PCPNAME PCP Telephone #: PCPPHONE Vision: 1-800-428-8789 Dental Coverage: Smiles For Children - 1-888-912-3456 Copays: Inpatient Hospital: \$25 Emergency Room Visits: \$5 Outpatient Hospital or Doctor: \$5 Vision: \$5 (routine exam) Pharmacy: \$5 (up to 34-day supply) \$10 (35 to 90-day supply) Member Services/Nurse HelpLine and Behavioral Health: 1-800-600-4441	
	

BACK

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your PCP for non-emergency care. If you have questions or suspect fraud or abuse, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 1-800-855-2880.

HOSPITALS: Preadmission certification is required for all non-emergency admissions including outpatient surgery. For emergency admissions, notify AMERIGROUP within 24 hours after treatment at 1-800-454-3730.

PROVIDERS: Certain services must be preauthorized. If preauthorization has not been obtained, please contact the PCP listed on this card before administering treatment. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.

PHARMACIES: Submit claims using Caremark RXBIN: 004336; RXPCN: ADV; and RXGRP: RX4294. For technical help, call Caremark at 1-800-345-5413.

SUBMIT CLAIMS TO:
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.
EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.

VAD4 01/11

Amerigroup ID CARD

\$2 Co-pay

FRONT



Effective Date: MDYEFF
Date of Birth: MDYDOB
Subscriber #: MEMBERID

AMERIGROUP VIRGINIA, INC.
FAMIS PROGRAM

Member Name: MBRNAME
FAMIS Number: MBRALTKEY
Primary Care Provider (PCP): PCPNAME
PCP Telephone #: PCPPHONE
Vision: 1-800-428-8789

Dental Coverage: Smiles For Children - 1-888-912-3456

Copays: Inpatient Hospital: \$15 Emergency Room Visits: \$2
Outpatient Hospital or Doctor: \$2 Vision: \$2 (routine exam)
Pharmacy: \$2 (up to 34-day supply) \$4 (35 to 90-day supply)

Member Services/Nurse HelpLine and Behavioral Health: 1-800-600-4441



BACK

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your PCP for non-emergency care. If you have questions or suspect fraud or abuse, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 1-800-855-2880.

HOSPITALS: Preadmission certification is required for all non-emergency admissions including outpatient surgery. For emergency admissions, notify AMERIGROUP within 24 hours after treatment at 1-800-454-3730.

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PHARMACIES: Submit claims using Caremark RXBIN: 004336; RXPCN: ADV; and RXGRP: RX4294. For technical help, call Caremark at 1-800-345-5413.

SUBMIT CLAIMS TO:
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.
EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.

VA03 01/11

Amerigroup ID CARD

FAMIS MOMS

FRONT



Effective Date: MDYEFF
Date of Birth: MDYDOB
Subscriber #: MEMBERID

AMERIGROUP VIRGINIA, INC.
FAMIS MOMS

Member Name: MBRNAME

Medicaid Number: MBRALTKEY

Primary Care Provider (PCP): PCPNAME

PCP Telephone #: PCPPHONE

Vision: 1-800-428-8789

Dental Coverage: Smiles For Children - 1-888-912-3456

Pharmacy: 1-800-600-4441

TDD/TTY #: 1-800-855-2880

Member Services/Nurse HelpLine and Behavioral Health: 1-800-600-4441



BACK

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your PCP for non-emergency care. If you have questions or suspect fraud or abuse, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 1-800-855-2880.

HOSPITALS: Preadmission certification is required for all non-emergency admissions including outpatient surgery. For emergency admissions, notify AMERIGROUP within 24 hours after treatment at 1-800-454-3730.

PROVIDERS: Certain services must be preauthorized. If preauthorization has not been obtained, please contact the PCP listed on this card before administering treatment. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.

PHARMACIES: Submit claims using Caremark RXBIN: 004336; RXPCN: ADV; and RXGRP: RX4294. For technical help, call Caremark at 1-800-345-5413.

SUBMIT CLAIMS TO:

AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.
EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.

VA05 01/11

ANTHEM HEALTHKEEPERS PLUS ID CARD

\$2 Co-pay

FRONT



Anthem. HealthKeepers Plus
Offered by HealthKeepers, Inc.



<p>David Smith Identification Number YTD123456780</p>	<p>PCP Name Jane Smith PCP Phone 999-999-9999 Medicaid ID 987654321</p>
<p>Group Number HKP00200 BC/BS Plan 423/923 Rx Bin Number 003858 PCN A4 Rx Group WLAA</p>	<p>PCP/Specialist \$2/\$2 Outpatient \$2 Inpatient \$15 Emergency \$2 Rx \$2/\$4</p>

Rx

BACK



Anthem. HealthKeepers Plus
Offered by HealthKeepers, Inc.

Members: When submitting inquiries always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911.

Providers: Please submit claims to your local BCBS plan. To ensure prompt claims processing please include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.

Claims Filing Address:
Post Office Box 27401
Richmond, Virginia 23279

anthem.com

Member Services: 1-800-901-0020
Provider Services: 1-800-901-0020
TDD (Hearing Impaired): 1-800-247-9843
24/7 Nurse Line: 1-800-382-9625
Mental Health Services: 1-800-991-6045
Rx Services: 1-800-824-0898
Authorization: 1-800-533-1120
DentaQuest* 1-888-912-3456
*** Not a Blue Cross Blue Shield Product**

HealthKeepers, Inc.
277 Bendix Road, Suite 100
Virginia Beach, VA 23452-1361

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ANTHEM HEALTHKEEPERS PLUS ID CARD

\$5 Co-pay

FRONT



Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.



David Smith
Identification Number
YTD123456780

PCP Name **Jane Smith**
PCP Phone **999-999-9999**
Medicaid ID **987654321**

Group Number **HKP00200**
BC/BS Plan **423/923**
Rx Bin Number **003858**
PCN **A4**
Rx Group **WLAA**

PCP/Specialist **\$5/\$5**
Outpatient **\$5**
Inpatient **\$25**
Emergency **\$5**
Rx **\$5/\$10**

Rx

BACK



Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

Members: When submitting inquiries always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911.

Providers: Please submit claims to your local BCBS plan. To ensure prompt claims processing please include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.

Claims Filing Address:
Post Office Box 27401
Richmond, Virginia 23279

anthem.com

Member Services: 1-800-901-0020
Provider Services: 1-800-901-0020
TDD (Hearing Impaired): 1-800-247-9843
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Mental Health Services: 1-800-991-6045
Rx Services: 1-800-824-0898
Authorization: 1-800-533-1120
DentaQuest* 1-888-912-3456
*** Not a Blue Cross Blue Shield Product**

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® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

CoventryCares of Virginia FAMIS Card

\$2 Co-pay

FRONT

	
NAME: XXXXXXXXXXXXXXXXXXXX	
FAMIS ID#: XXXXXXXXXX	CoventryCares of Virginia #: XXXXXXXXXX
BIRTH DATE: 00/00/00	EFF DATE: 00/00/0000
PCP: PCPNAME	DOCTOR'S PHONE #: PCPPHONE
MENTAL HEALTH BENEFITS: 1-800-975-8919	
CO-PAY: \$15 Inpatient, \$2 Outpatient	
CO-PAY: \$2 Office Visit/UC, \$2/\$10 ER, \$2/\$4 Rx	
Rx Group: CVTYMCD	Rx Bin: 610014
Pharmacist Help Desk: 1-800-922-1557	
CCVAFAMISID12	
A Coventry Health Care of Virginia, Inc. product	

BACK

NOTICE TO MEMBERS

1. Show this card each time you seek medical care.
2. **IN CASE OF EMERGENCY:** Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room. Notify the Plan within 24 hours or as soon as medically possible.

IMPORTANT PHONE NUMBERS:

- Customer Service (questions or problems): 1-800-279-1878
- Smiles for Children's Program: 1-888-912-3456
- 24 Hour-Nurse Access Line: 1-877-878-8940

NOTICE TO PROVIDERS:

- Radiology Preauthorization: 1-866-642-9704
- Preauthorization for all other services: 1-800-235-2206
- Call Customer Service with eligibility questions: 1-800-449-1944
- Submit claims, resubmissions and proof of timely filing to:
CareNet, P.O. Box 7702, London, KY 40742
Payor ID: 25133
- Submit appeals to CareNet: 9881 Mayland Drive, Richmond, VA 23233

CoventryCares of Virginia FAMIS Card

\$5 Co-pay

FRONT




NAME: XXXXXX XXXXXX XXXXXX
FAMIS ID#: XXXXXX
CoventryCares of Virginia #: XXXXXX
BIRTH DATE: 00/00/00 **EFF DATE:** 00/00/0000
PCP: _____ **DOCTOR'S PHONE #:** _____
PCPNAME: _____ **PCPPHONE:** _____
MENTAL HEALTH BENEFITS: 1-800-975-8919
CO-PAY: \$25 Inpatient, \$5 Outpatient
CO-PAY: \$5 Office Visit/UC, \$5/\$25 ER, \$5/\$10 Rx
RX Group: CVTYMCD **Rx Bin:** 610014
Pharmacist Help Desk: 1-800-922-1557

CCVAFAMISID12
 A Coventry Health Care of Virginia, Inc. product



BACK

NOTICE TO MEMBERS

1. Show this card each time you seek medical care.
2. **IN CASE OF EMERGENCY:** Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room. Notify the Plan within 24 hours or as soon as medically possible.

IMPORTANT PHONE NUMBERS:

- Customer Service (questions or problems): 1-800-279-1878
- Smiles for Children's Program: 1-888-912-3456
- 24 Hour-Nurse Access Line: 1-877-878-8940

NOTICE TO PROVIDERS:

- Radiology Preauthorization: 1-866-642-9704
- Preauthorization for all other services: 1-800-235-2206
- Call Customer Service with eligibility questions: 1-800-449-1944
- Submit claims, resubmissions and proof of timely filing to:
 CareNet, P.O. Box 7702, London, KY 40742
 Payor ID: 25133

Submit appeals to CareNet: 9881 Mayland Drive, Richmond, VA 23233

MajestaCare-A Health Plan of Carilion Clinic ID CARD

\$2 Co-pay

FRONT



A Health Plan of **CARILION CLINIC** 

www.MajestaCare.com



FAMIS

Member ID#: 000000000000-00 Date of Birth: 00/00/00 Sex: X
 Member Name: Last Name, First Name

PCP Name: Last Name, First Name
 PCP Phone: 000-000-0000 Effective Date: 00/00/00

COPAYS:

Inpatient Hospital \$15	Outpatient Hospital \$2
ER (non-emergency) \$10	Doctor \$2
Vision \$2	Pharmacy \$1G / \$5B

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

BACK

MEMBERS

Member Services 1-866-996-9140	MARCH Vision 1-888-493-4070
TTY VA Relay 711	Behavioral Health 1-866-996-9140
24-Hour Nurse Line 1-866-996-9140	Dental – Smiles for Children 1-888-912-3456

In an emergency, call 911 or go to the nearest hospital. Always call your PCP for non-emergency care.

PROVIDERS
Service Authorization is required for all inpatient admissions, selected outpatient services and all non-participating providers. For details visit www.majestacare.com.

<p>SEND MEDICAL CLAIMS TO MajestaCare – Claims Dept. PO Box 63545 Phoenix, AZ 85082-3545 PAYOR ID: 26372</p>	<p>PHARMACY RxBIN 610591 RxPCN ADV RxGRP RX8816 Pharmacist use only 1-855-364-2971</p>	
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MajestaCare | 213 South Jefferson Street | Suite 101 | Roanoke, Virginia 24011

MajestaCare-A Health Plan of Carilion Clinic ID CARD

\$5 Co-pay

Front



A Health Plan of **CARILION CLINIC** 

www.MajestaCare.com



FAMIS

Member ID#: 00000000000-00 Date of Birth: 00/00/00 Sex: X
 Member Name: Last Name, First Name

PCP Name: Last Name, First Name Effective Date: 00/00/00
 PCP Phone: 000-000-0000

COPAYS:

Inpatient Hospital \$25	Outpatient Hospital \$5
ER (non-emergency) \$25	Doctor \$5
Vision \$5	Pharmacy \$1G / \$10B

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

Back

MEMBERS

Member Services 1-866-996-9140	MARCH Vision 1-888-493-4070
TTY VA Relay 711	Behavioral Health 1-866-996-9140
24-Hour Nurse Line 1-866-996-9140	Dental – Smiles for Children 1-888-912-3456

In an emergency, call 911 or go to the nearest hospital. Always call your PCP for non-emergency care.

PROVIDERS
Service Authorization is required for all inpatient admissions, selected outpatient services and all non-participating providers. For details visit www.majestacare.com.

<p>SEND MEDICAL CLAIMS TO MajestaCare – Claims Dept. PO Box 63545 Phoenix, AZ 85082-3545 PAYOR ID: 26372</p>	<p>PHARMACY RxBIN 610591 RxPCN ADV RxGRP RX8816 Pharmacist use only 1-855-364-2971</p>
---	---



MajestaCare | 213 South Jefferson Street | Suite 101 | Roanoke, Virginia 24011

OPTIMA ID CARD

\$2 Co-pay

FRONT



Member Name: XXXXXXXXXXXXXXXXXXXXXXX24
 Member Number: XXXXXXXX10
 Group Number: **FAMIS**
 Member Eff. Date: XX-XX-XX
 PCP Name: xxxxxxxxxxxxxxxxxxxxxxx22
 PCP Phone #:xxx-xxxx

**FAMILY CARE
FAMIS**

FAMIS #: xxxxxxxxxxx12 DOB: xx-xx-xxxx

OV/ED	Rx
\$2/\$2	\$2

www.optimahealth.com



BACK

This card is used to obtain covered benefits. Present this card each time you seek health care services. Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

IN CASE OF EMERGENCY: Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room.

HELPFUL NUMBERS

PROVIDER RELATIONS:	757-552-7474 OR 1-800-229-8822
MEMBER SERVICES:	757-552-8975 OR 1-800-881-2166
PRE AUTHORIZATION:	757-552-7540 OR 1-800-229-5522
AFTER HOURS NURSE ADVICE LINE:	757-552-7250 OR 1-800-394-2237
BEHAVIORAL HEALTH PRE-AUTHS:	757-552-7174 OR 1-800-648-8420
SMILES FOR CHILDREN:	1-888-912-3456

MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O. Box 5028	P.O. Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440

PHARMACY INFO: BIN #600428 PROCESSOR CONTROL#01730000 OR CALL 1-800-KC-ARGUS
 XXXXXXXXXXXX Offered by text XXXXXXXXXXXX

OPTIMA ID CARD

\$5 Co-pay

FRONT



Member Name: XXXXXXXXXXXXXXXXXXXXXXX24
 Member Number: XXXXXXXX10
 Group Number: FAMIS
 Member Eff. Date: XX-XX-XX
 PCP Name: xxxxxxxxxxxxxxxxxxxxxxx22
 PCP Phone #:xxx-xxxx

**FAMILY CARE
FAMIS**

FAMIS #: xxxxxxxxxxxx12 DOB: xx-xx-xxxx

OV/ED	Rx
\$5/\$5	\$5

www.optimahealth.com



BACK

This card is used to obtain covered benefits. Present this card each time you seek health care services. Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

IN CASE OF EMERGENCY: Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room.

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VAPREMIER ID CARD

FRONT



BACK

Members:

1. If medical assistance is needed when your doctor's office is closed, please call: **VPHN Nurseline 1-800-256-1982**
2. Do not let anyone else use this card. Call VA Premier to report a lost or stolen card. **If you lose your eligibility for health benefits, this card is no longer valid.**
3. If you have questions, call the Member Services Department, Monday - Friday, 8:00a.m. - 5:00p.m. **Richmond:(804-819-5151)** or (1-800-289-4970) **Tidewater (757-461-0064)** or (1-800-828-7953) **Roanoke (540-344-8838)** or (1-888-338-4579).
4. **If you have questions about your prescriptions or pharmacies, please call EnvisionRxOptions at 1-855-872-0005**
Call at least 72 hours in advance for medical transportation Mon. - Fri., 8:00a.m. - 5:00p.m.

Providers: For Authorizations, please contact our UM Department 1-888-251-3063. Pharmacies may call 1-855-872-0005.

HMO Claims Address:
Virginia Premier Health Plan Inc. P.O. Box 5207 • Richmond, VA 23220-0208

VAPREMIER ID CARD FAMIS MOMS

FRONT



Name:
DOB:
ID#:
Effective:



RxBin#:
RxPCN#:
RxGroup#:

PCP: **SPC:** **RXS:**



EnvisionRxOptions
Pioneers in Transparency

BACK

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**Department of Medical
Assistance Services**

600 East Broad Street
Richmond, Virginia 23219



Virginia Medicaid Managed Care

The Virginia Department of Medical Assistance Services (DMAS)