**ID Card Sample**

*Fields in blue are optional*

**Front of Model Member Identification Card**

<Health Plan Name and/or Logo>



**Member Name:** <Cardholder Name>

**Member ID:** <Cardholder ID#>

**Health Plan (80840):** <Card Issuer Identifier>



**PCP Name:** <PCP Name> **RxBin:** <RxBin #1>

**PCP Phone:** <PCP Phone> **RxPCN:** <RxPCN#1>

**RxGRP:** <RxGRP#1>

<CMS Contract #> <Plan Benefit Package #> **RxID:** <RxID#1>

*1 RxBIN is always required. RxPCN and RxGrp are required when needed by the drug plan. RxID is required only when different from the medical plan Cardholder ID#.*

**Back of Model Member Identification Card**

[*Optional card reader may go here*]

Carry this card with you at all times and present it each time you receive a service from your doctor, pharmacy, dentist, etc.

**Member Services:** <Member Services phone number>

**Behavioral Health:** <Behavioral Health phone number>

**Pharmacy Help Desk:** <Pharmacy Help Deskphone number>

**<Additional Line2>:** <Additional phone number as needed>

**Website:** <Health plan web address>

**Send Claims To:** <Claims submission name and address>

**Claim Inquiry:** <Claim inquiry phone number>

*2 If space permits, plans may include other phone numbers as needed using appropriate labels. Font size and spacing may not be reduced in order to accommodate additional fields.*