**ID Card Sample**

*Fields in blue are optional*

**Front of Model Member Identification Card**

<SOM MI Health Link Logo>

<Health Plan Name and/or Logo>

**Member name:** <Cardholder Name> **RxBin:** <RxBin #1>

**Member ID:** <Medicaid ID#> **RxPCN:** <RxPCN#1>

**Health Plan (80840):** <Card Issuer Identifier> **RxGRP:** <RxGRP#1>

**RxID:** <RxID#1>

PCP Name: <PCP Name>

PCP Phone: <PCP Phone>

Copays: $0

<CMS Contract #> <Plan Benefit Package #>

*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 Member ID#.*

**Back of Model Member Identification Card**

[*Optional card reader may go here*]

[*Instructions for what to do in case of an emergency*]

**Member Services:** <Insert Phone Number2>

**24 Hour Nurse Advice Line:** <Insert Phone Number>

**<Additional Line>:** <Additional phone number as needed3>

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

**PIHP General Information Line:** <Regional PIHP Phone Number>

**24 Hr Behavioral Health Crisis Line:** <Regional PIHP Crisis Phone Number>

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

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

*2 Also include phone numbers for Pharmacy, Dental, and/or Vision on separate lines when different from Member Services. If these numbers are the same as Member Services, add:* “Contact Member Services for [*insert* Pharmacy and/or Dental and/or Vision] benefit assistance.”

*3 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.*