

HMO ID CARD



Subscriber	ID# SUBSCRIBER ID	MEDICAL GROUP NAME
SUBSCRIBER NAME		PROVIDER NAME
		PROVIDER PHONE
		EFF DATE

Group #	GROUP ID	Plan	HMO
Effective	MM/DD/YYYY	RxBIN	600428
Copayments		RxPCN	01910000
Office \$			
Hospital \$			
Emergency \$			

TOP MESSAGE 30 CHAR LIMIT



blueshieldca.com

Providers: Please file all claims with your local BCBS licensee in whose service area the member received services or, when Medicare is primary, file all claims with Medicare

CA Providers: Most claims should be filed with the members IPA/ Medical group. Call Provider Customer Service to obtain medical and hospital admission prior authorization; Pharmacists call for prescription processing information. Visit Provider Connection at: blueshieldca.com/provider

CA Medical claims to:
Blue Shield of California, P.O. Box 272540, Chico, CA 95927-2540

A+ gives you the option to self-refer to an Access+ Specialist, subject to certain limitations. See your Evidence of Coverage for details.

CUST SVC PHONE Member Services
(800) 241-1823 TTY
(877) 263-9952 Mental Health Customer Svc.
(877) 304-0504 NurseHelp 24/7
(800) 985-2405 LifeReferrals 24/7
(800) 810-2583 To locate providers outside of California
(800) 541-6652 CA Provider Customer Service (including hospitals)
(888) 635-8224 Pharmacists Only

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