**ID Card Sample**

*Fields in blue are optional*

**Front of Model Member Identification Card**

<Health Plan Name and/or Logo>



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

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

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

**RxID:** <RxID#1>

**PCP Name:** <PCP Name>

**PCP Effective Date:** <PCP Effective Date>

**PCP Phone:** <PCP Phone>

<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 Cardholder ID#.*

**Back of Model Member Identification Card**

[*Optional card reader may go here*]

In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.

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

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

**Service Coordination:** <Service Coordination 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.*