




# Identification Cards


Important features to notice on your ID card\*:

CONSOCIATE  
HEALTH



800.798.2422  
consociatehealth.com

<b>Member</b> <b>ABC COMPANY, INC.</b> TESTC01 <b>Member: JANE DOE</b> <b>Member ID: STCO1000301</b> Division: 001	<b>Medical Plan</b> Coverage: Employee Only  <b>YourPPO</b> www.yourppo.com 888.333.4444  Office Visit Co-Pay \$\$\$
<b>Other Plan(s)</b> <b>Dental Plan</b> Coverage: Employee Only  <b>Vision Plan</b> Coverage: Employee Only	<b>Pharmacy Plan</b> Rx Bin: 12345 PCN: ABC Rx Group: 67890  <b>YourPBM</b> www.yourpbm.com Member: 800.111.2222  \$\$\$ Generic, \$\$\$ Brand Preferred, \$\$\$ Specialty

<b>Medical Claims Submission</b> Company Name Street Address City, State, Zip Payor ID #number	<b>Customer Service</b> To confirm Eligibility, verify Benefits, check Claim Status, or Customer Service, please call Consociate at 800.798.2422 or visit our website at consociatehealth.com.
<b>Non-Medical Claims Submission</b> Company Name Street Address City, State, Zip Payor ID #number	<b>Pre-Certification</b> Call XXXXXXXX 000.000.0000 for authorization. Prior certification is required for all inpatient hospitalizations, home healthcare, and private duty nursing. In any emergency situation, please call within 48 hours. Failure to obtain precertification may result in a reduction of benefits.  For Intravenous Chemotherapy/RX Pre-Authorizations, please call xxxxxxxxxxxxxx at 000.000.0000.  Dialysis services require Prior Authorization. Please call xxxxxxxxxxxxxx at 000.000.0000.  Outside your service area contact 800.555.6666 or www.mywrap.com for an XYZ provider or, if not available, an ABCD provider. 

Benefits are subject to plan definitions and exclusions. Verification of benefits and eligibility does not guarantee coverage.

\*Your card may not be identical to the sample card.

**Please present your new ID card to your healthcare providers and pharmacy to prevent any disruption with your claims.**

# Identification Cards

Below is a description of your ID card. Each category corresponds with the information on the sample copy of the ID card on the previous page.

**Group Name:** The name or logo of your Employer.

**Group:** The identification number for your Group. Please refer to this number if you call or write about your claim.

**Member:** Name of the employee the coverage is under. Please note that an employee can present his/her ID card for any individuals covered under the plan as the filing information is all the same.

**Member ID:** Employee's unique identification number. Refer to this ID number if you call or write about your claim. Providers will use this number for claims submission.

**Coverage:** This will show the coverage and tier you are enrolled in.

**Medical Plan:** The logos of each network you can access for in-network benefits. Please see the Network Provider section of the booklet if you need assistance locating an in-network provider.

**Claims Submission:** The address for claims submission. Most providers will submit claims on your behalf.

**Pharmacy Plan:** You will see the logo of your pharmacy benefit manager and the BIN/PCN numbers. Your pharmacy will use this information, along with the employee alternate ID number or social security number and patient's date of birth, to process your prescription claims. For assistance, call the Member and Rx Helpline number.

**Pre-Notification/Certification:** Refer to your Summary Plan Description booklet for complete precertification information.

**Customer Service:** Contact information to obtain additional information regarding your claims, eligibility, benefit questions, etc. The website provides access to find a provider, important forms, online account review, EOBs and other personalized information. You can review this information online if active on the plan or call our customer service team for assistance.

*The Customer Service number is 800.798.2422. Our website is [consociatehealth.com](http://consociatehealth.com) and provides the status of submitted claims, a summary of recent online activity and direct links to a network provider website for lists of participating providers and their locations.*