Sample Medicare Member ID Cards

Below are examples of the GHI and HIP Medicare ID cards a member may present when coming into your office for care. For Customer or Pharmacy services, please call the numbers on the back of the member’s card.

Sample GHI Medicare Member ID Cards

# GHI Medicare Prescription Drug Plan



**GHI Medicare**

**PDP**

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**

ID NUMBER: **12345678900**

CAT Code:

Deductible:

Copay: **Rx**

Rx BIN#: **013344**

Rx PCN#: **0020080229** Issuer#: **(80840)**

CMS#: **S5966000** A Medicare Prescription Drug Plan CBP

# GHI Medicare PPO I

**GHI Medicare PPO I**

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**

ID NUMBER: **12345678900** Network: **GHI Medicare Choice PPO**



CAT Code:

Copay: **PCP** **SPEC**

**ER** Rx BIN#: **013344**

**Preventive Dental** Rx PCN#: **0020080229**

Preferred Network Issuer#: **(80840)** CMS#: **H5528001**



**GHI Medicare**

**PPO Value**

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**

ID NUMBER: **12345678900** Network: **GHI Medicare Choice PPO**

CAT Code: **KAA**

Copay: **PCP** $0 **SPEC** $0

**ER** $50 Rx BIN#: **013344**

**Rx** See evidence of coverage. Rx PCN#: **0000000000** CIN#: **DS15973T**

Issuer#: **(80840)** No copayment for in-network CMS#: **H5528000**

and out-of-network services. CBP

0954 www.ghi.com

MEMBERS AND PROVIDERS: Call Customer Service at **18774447241** for prior approval, member eligibility or benefit questions. TTY/TTD users call **18662480640**.

Submit all claims to: GHI PDP Plan, P.O. Box 1520 JAF Station New York, NY 10116-1520.

Possession of this card does not certify coverage.

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MEMBERS AND PROVIDERS: Call Customer Service at **1-866-557-7300** for prior approval, member eligibility or benefit questions. TTY/TTD users call **1-866-248-0640**. For Prescription Drug services call: **1-877-444-7097**. Call **911** in case of an emergency and contact Customer Service within 48 hours or as soon as possible. Submit Medical/Hospital claims to: GHI, P.O. Box 2830, New York, NY 10116

Submit Prescription drug claims to: GHI Medicare Choice PPO, JAF Station, P.O. Box 1520, New York, NY 10116-1520. Certain services may require pre-authorization. Check evidence of coverage. **Medicare limiting charges apply**. Possession of this card does not certify coverage.  Union Bug

Group Health Incorporated XXXXXXXXX

0954 www.ghi.com

MEMBERS AND PROVIDERS: Call Customer Service at **1-866-557-7300** for prior approval, member eligibility or benefit questions. TTY/TTD users call **1-866-248-0640**. For Prescription Drug services call: **1-877-444-7097**. Call **911** in case of an emergency and contact Customer Service within 48 hours or as soon as possible. Submit Medical/Hospital claims to: GHI, P.O. Box 2830, New York, NY 10116

Submit Prescription drug claims to: GHI Medicare Choice PPO, JAF Station, P.O. Box 1520, New York, NY 10116-1520. Certain services may require pre-authorization. Check evidence of coverage. **Medicare limiting charges apply**. Possession of this card does not certify coverage.  Union Bug

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| Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies. EGH\_PR\_FLY\_007271\_MEDICAREMEMBERIDCARD 12/09 |

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Sample HIP Medicare Member ID Cards

# HIP Part D New York Prescription Drug Plan

**HIP Part D New York (PDP)**



MEMBER: **JOHN G. SAMPLEPLACEHOLDER**

ID NUMBER: **12345678900**

Deductible: **$295**

Copay: **Rx**

Rx BIN#: **400023**

Rx PCN#: **0020050403** Issuer#: **(80840)**

CMS#: **S5741 001**

A Medicare Prescription

Drug Plan

# HIP Part D New York Prescription Drug Plan

**HIP VIP Dual Eligible (HMO)**



MEMBER: **JOHN G. SAMPLEPLACEHOLDER**

ID NUMBER: **12345678900**

PCP Name: **Dr. John Smith** PCP Phone: **000-000-0000**

Copay: **PCP** $0 **SPEC** $5

**ER** $0 Rx BIN#: **400023**

**Rx** $10/$20/50%/25%/25% Rx PCN#: **0020050403**

Issuer#: **(80840)**

CMS#: **H3330000**

Preferred Health Partners

# HIP VIP Dual Eligible HMO



**HIP VIP**

**(HMO)**

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**

ID NUMBER: **12345678900**

PCP Name: **Dr. John Smith** PCP Phone: **000-000-0000**

Copay: **PCP** $0 **SPEC** $0

**ER** $0 **Rx** Y Rx BIN#: **400023**

Rx PCN#: **0020050403** Issuer#: **(80840)**

CMS#: **H3330000**

# HIP VIP HMO

**HIP VIP Medicaid Advantage (HMO)**



MEMBER: **OHN G. SAMPLEPLACEHOLDER**

ID NUMBER: **12345678900**

PCP Name: **Dr. John Smith** PCP Phone: **000-000-0000**

Copay: **PCP** $0 **SPEC** $0

**ER** $0 **Rx** $2.50/$2.50 Rx BIN#: **400023**

Rx PCN#: **0020050403** Issuer#: **(80840)**

Sample Member Medicare ID Cards

CMS#: **H3330031002**

0954 www.hipusa.com

MEMBERS AND PROVIDERS:

Call Customer Service at **1-800-HIP-TALK (1-800-447-8255)** for prior approval, member eligibility or benefit questions. TTY/TTD users call **1-888-HIP-4TDD (1-888-447-4833)**.

Submit all claims to:

HIP Pharmacy Services, 55 Water Street, New York, NY 10041-8190.

Possession of this card does not certify coverage.

Union Bug

HIP Health Plan of New York XXXXXXXXX

0954 www.hipusa.com

All covered non-emergency services must be provided by or authorized by HIP. In case of non-emergency illness, contact your PCP.

MEMBERS AND PROVIDERS:

Call Customer Service at **1-800-HIP-TALK (1-800-447-8255)** for prior approval, member eligibility or benefit questions. TTY/TTD users call **1-888-HIP-4TDD (1-888-447-4833)**. Call **911** in case of an emergency and contact Customer Service within 48 hours or as soon as possible. Submit all claims to:

HIP, P.O. Box 2803, New York, NY 10116-2803. Certain services may require pre-authorization. Check evidence of coverage.

Possession of this card does not certify coverage.  Union Bug

HIP Health Plan of New York XXXXXXXXX

0954 www.hipusa.com

**All covered non-emergency services must be provided by or authorized by HIP.** In case of

non-emergency illness, **CONTACT YOUR PRIMARY CARE PHYSICIAN** whose number is the front

of this card. In case of emergency, go to the nearest emergency room or **call 911. You should notify HIP within** 48 hours from the start of receiving emergency care, or as soon as reasonably possible, by calling **1-800-HIP-TALK (1-800-447-8255).** (These instructions do not replace the more detailed discussions on obtaining services found in your HIP Contract.)

**VIP members: If you receive care that is not provided by or authorized by HIP**

**(other than emergency or urgent care), neither HIP nor Medicare will pay for that service and you will be responsible for payment of care.**

**INSTRUCTIONS FOR MEMBERS:**

MEMBER INQUIRIES–Please write or call the HIP Customer Service Department, 55 Water Street, New York, NY 10041-8190 or call **1-800-HIP-TALK (1-800-447-8255)**

PLEASE USE YOUR HIP IDENTIFICATION NUMBER IN ALL COMMUNICATIONS

**INSTRUCTIONS FOR PROVIDERS AND FACILITIES**

EMERGENCY ROOMS–Contact Inspiris at 1-800-551-8201 for prior approval of all treatment following medical screening and stabilization, if required.

HOSPITAL ADMITTING–To verify patient eligibility please call **1-800-447-8255.** All claims should be sent to:

## INSPIRIS, P.O. Box 2127, Brentwood, TN 37024

**CLAIM STATUS INQUIRIES, CALL: 1-888-315-5442**

**FOR MENTAL HEALTH SERVICE CALL: 1-888-447-2526**

Possession of this card does not certify coverage. Union Bug

HIP Health Plan of New York XXXXXXXXX

0954 www.hipusa.com

**WHEN YOUR PRIMARY CARE PHYSICIAN’S OFFICE IS CLOSED AND EMERGENCY MEDICAL CARE IS NEEDED or to obtain preauthorization for hospital admission, CALL 1-888-746-2200.**

All non emergency care must be provided or arranged by a provider participating with HIP Health Plan of New York. For VIP members, neither HIP nor Medicare will cover care that is not provided or arranged by HIP (except for emergency care or out-of-area urgent care as defined in your contract).

**INSTRUCTIONS FOR MEMBERS**

MEMBER INQUIRIES–Please write or call the HIP Customer Service Department

55 Water Street, New York, NY 10041-8190

Call **1-800-HIP-TALK (1-800-447-8255)** PLEASE USE YOUR HIP IDENTIFICATION NUMBER IN ALL COMMUNICATIONS

**INSTRUCTIONS FOR PROVIDERS AND FACILITIES**

All admissions require prior approval. To verify patient eligibility call **1-800-447-8255**.

All claims should be sent to:

**HealthCare Partners**

**1225 Franklin Avenue, Suite 100, Garden City, NY 11530**

**CLAIM STATUS INQUIRIES, CALL 1-888-746-2200**.

**FOR MENTAL HEALTH SERVICES, CALL 1-888-447-2526**.

Possession of this card does not certify coverage. Union Bug HIP Health Plan of New York XXXXXXXXX