



**Children's
Medical Services**
Operated by WellCare

Member: <FIRST> <MID> <LAST>
 Member ID: <XXXXXXXXXX> <Medicaid/CHIP> #: <XXXXXXXXXX>
 Plan Name: **Children's Medical Services Plan**
 Effective Date: <XX/XX/XXXX>
 Primary Care Provider (PCP):
 <PHY FIRST> <PHY LAST>
 <IPA NAME>
 <PHY ADD1>
 <PHY ADD2>
 <PHY CITY, STATE ZIP>
 PCP Phone: <1-555-555-5555>

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<www.wellcare.com/Florida>

For emergencies, call 911 or go to the nearest ER.
 Contact your primary care provider (PCP) as soon as possible.

Customer Service/Pharmacy	<1-866-799-5321/TTY: 711>
24-Hour Nurse Advice Line	<1-800-919-8807>
Provider Service	<1-855-555-5555>
Non-Emergency Transportation	<1-866-591-4066>
After Hours Care Coordination	<1-855-555-5555>

WellCare Health Plan

<P.O. Box 31370 Tampa, FL 33631-3370>

Medical claims are to be mailed to:

WellCare Health Plan
 <P.O. Box 31224>
 <Tampa, FL 33631-3224>

RxBIN: <XXXXXXXX>
 RxPCN: <XXXXXXXX>
 RxGRP: <XXXXXXXX>

Call <1-866-799-5321> 24 hours a day, 7 days a week.