



FRONT

1. Member Name
2. Effective Name
3. Medicaid ID#
4. DOB
5. PCP Name
6. PCP Phone #

Rx Bin# 013352



NAME: John Smith EFFECTIVE DATE: MM/DD/YYYY
ID #: XXXXXXXXXXXX DOB: MM/DD/YYYY
PCP: Dr. John Doe PCP Phone #: xxx-xxx-xxxx

CMS Enrollee Services: **1-866-209-5022** (TDD/TYY **1-855-655-5303**)
CMS Provider Toll-Free Hotline, including non-participating: **1-855-819-9506**
To get Nurse help, call the 24/7 Help Line at **1-844-514-3779**.
Rx Prior Authorization: **1-800-603-1714** /PCN: P035013352/Group: FLMedicaid
<http://CMSPlan.floridahealth.gov>

BACK

1. Important Phone #
2. Claims Address

Present this card each time you seek healthcare services.
Call your Primary Care Physician (PCP) for any health care questions.
For Transportation, please call
LogistiCare **1-866-250-7455** (Reservations)
1-866-251-9161 (Ride Assistance)
Medical Pre-Authorization call: **1-866-209-5022**
Mental Health & Substance Abuse Pre-Authorization or questions call:
1-800-294-8642 (PCP REFRRAL NOT REQUIRED)
Dental Servcies Pre-Authorization call: **1-866-209-5022**
Vision Services Pre-Authorization call: **1-866-209-5022**
Eligibility Verification and Claims: eInfoSource
(<https://cms.einfosource.med3000.com> or **1-800-664-0146**)

For Medical Claims:
CMS MMA Specialty Plan Title XIX
Attn: CLAIMS
P.O. Box 981648
El Paso, TX 79998-1648