



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 #: XXXXXXXXXXX	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	
CMSPlan.floridahealth.gov	

BACK

1. Important Phone #
2. Claims Address

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