



FRONT

1. Member Name
2. Effective Date
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: 1-866-376-2456 (TDD/TYY 1-800-955-8771)	
CMS Provider Toll-Free Hotline, including non-participating: 1-800-492-9634	
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

<p>Present this card each time you seek healthcare services. Call your Primary Care Physician (PCP) for any health care questions. For medical, dental, vision authorizations call: 1-800-492-9634 Mental Health & Substance Abuse Pre-Authorization or questions call: 1-800-492-9634 (PCP REFRRAL NOT REQUIRED) Eligibility Verification and Claims: eInfoSource (https://cms.einfosource.med3000.com or 800-664-0146 (This card is not proof of network enrollment) Transportation call Access2Care: 1-866-867-0729</p> <p>For Medical Claims: CMS MMA Specialty Plan Title XIX Attn: Claims P.O. Box 981648 El Paso, TX 79998-1648</p>
