

H5427 MAPD ID CARD 2019



RxBIN#: <XXXXXX> RxPCN#: <XXX>
RxGrp#: <XXXXXXXX> Issuer#: 80840
RxID#: <Insert member ID#>

PCP Office Visit: <\$> Urgent Care: <\$>
Specialty Office Visit: <\$> ER: <\$>

<INSERT PLAN NAME>

ID: <0000000000>
<FIRST><MI><LAST>

Member Services: <X-XXX-XXX-XXXX>
TTY/TDD: <X-XXX-XXX-XXXX> www.freedomhealth.com

Eff. Date: <xx/xx/xxxx>
PCP: <FIRST><LAST>
Phone: <xxx-xxx-xxxx>

MedicareRx
Prescription Drug Coverage

H5427 - PBP - <xxx>

Behavioral Health: <X-XXX-XXX-XXXX>
Provider Services (UM): <X-XXX-XXX-XXXX>
Pharmacy Technical Support: <X-XXX-XXX-XXXX>
Part D Prior Authorization: <X-XXX-XXX-XXXX>

Submit Claims to:
Freedom Health
Claims Department
P.O. Box 151348
Tampa, FL 33684
EDI Payer ID: <XXXXXX>