

# H5427 MAPD ID CARD 2021



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

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

<INSERT PLAN NAME>

Member Services: <X-XXX-XXX-XXXX>  
TTY/TDD: <X-XXX-XXX-XXXX> [www.freedomhealth.com](http://www.freedomhealth.com)

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

Behavioral Health: <X-XXX-XXX-XXXX> Submit Claims to:  
Provider Services (UM): <X-XXX-XXX-XXXX> Freedom Health  
24/7 Nurse Advice Line: <X-XXX-XXX-XXXX> Claims Department  
Pharmacy Member Services: <X-XXX-XXX-XXXX> P.O. Box 151348  
Pharmacy Technical Support: <X-XXX-XXX-XXXX> Tampa, FL 33684  
EDI Payer ID: <XXXXXX>

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

MedicareRx  
Prescription Drug Coverage

H5427 - PBP - <xxx>