




## Foldable Personalized Medical Identification Cards

Features include...

- Format accommodates longer variable letter to member
- Provides more room to show information, list dependants or contain larger font/logos
- Laser printed on back side with member address for mailing in a window envelope
- Quick response and timely delivery

**Call LaserMark at 651-675-1211 or visit our website at  
LaserMarkPrinting.com**

[ Separate along perforations to remove card; fold in half. ]

 <p><b>Health Care Administrators</b></p> <p><b>Name:</b> Sam Sample <b>Member #:</b> SK4697301 <b>Plan Type:</b> Medical Plan <b>Medical Group Number:</b> 7041 <b>Provider Name:</b> ABC MEDICAL CLINIC <b>Provider Phone:</b> 800-721-1256 <b>Provider Address:</b> 123 Any Lane <b>COPAYS:</b> \$20 Non-Formulary \$45 Formulary</p>	<p><b>MEDICAL</b></p>  <p><b>DENTAL</b></p>  <p><b>Name:</b> Sam Sample <b>Plan Type:</b> Dental Plan <b>DENTAL GROUP NUMBER:</b> 6046 <b>Dental Clinic Name:</b> ABC DENTAL CLINIC <b>Dental Phone #:</b> 800-789-1234 <b>Dental Clinic Address:</b> 456 Any Lane <b>Copays:</b> No Copays</p>
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Health Care Administrators  
1234 Anystreet Lane  
Somewhere,ST 12345-6789

226308 1

Sam Sample  
123 Any Street  
City, ST 99999

**DENTAL CLAIMS ADMIN SERVICES**

Present this card at each visit. This card is for identification only and is not a guarantee of benefits or eligibility. For claim submission purposes, use the subscriber's identification number.

**Forward claims to:**

Dental Claims Admin Services  
P.O. Box 123  
Somewhere, ST 12345-6789

**For Dental Customer Service, Inquiries, please call:**

(888) 123-4567 or (800) 456-7891

If you have lost or need a new id card, please call DCAM  
132-456-7891 or 1-888-123-4567.

**Medical Information**

**For Maximum Coverage use participating providers.**

If hospitalized outside the network, you are responsible for obtaining prior authorization for the admission and should call **1-888-547-8562**.

Submit all claims to:

HCA  
P.O. Box 12345  
Some City, ST 12345-6789