**Health Care
Administrators**

RxBIN# 12345
RxPCN# 44556
RxGRP# 1HCA

Name: Paul Patient

Member #:   FR4396501

Group Name: Health Care Administrators

Clinic: Downtown Central Clinic

Group Number: 1HCA

DepID:	Dependents:
01	Patty Patient
02	Peter Patient
03	Pam Patient

OV/Spec	ER	UC	RX Gen	RxBrand
$5	$25	$15	$12	$18

**Hospitalizations/surgeries must be pre-certified.
(Call HCADM Customer Service)   Member Plus Program**

Foldable Personalized Medical Identification Cards

Features include…

- Provides more room to show information, list dependants or contain larger font/logos

- Laser-printed on two sides with Highlight Color to emphasize important information and enhance readability.

- Member address printed on front or back side for mailing in a window envelope

- Quick response and timely delivery

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

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Name: Paul Patient

Member #:   FR4396501

Group Name: Health Care Administrators

Clinic: Downtown Central Clinic

Group Number: 1HCA

DepID:	Dependents:
01	Pam Patient
02	Baby B Patient
03	Baby C Patient

OV/Spec	ER	UC	RX Gen	RxBrand
$5	$25	$15	$12	$18

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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.

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

The following are phone numbers you will need to report your claims for Health Care Administrators

Member Services	1-888-999-9999
Member Services TTY	1-888-999-9999
NurseTalk	1-877-999-9999
Mental Service	1-887-999-9999

In case of Emergency Call 911 or go to your local Emergency Room

Doctors please submit claims to:
HCADM, P.O. Box 999, Town, SS 11111

Health Care Adminstrators
1234 Anystreet Lane
Somewhere,ST 12345-6789

226311 1

Paul Patient
123 Any Street
City, ST 99999