

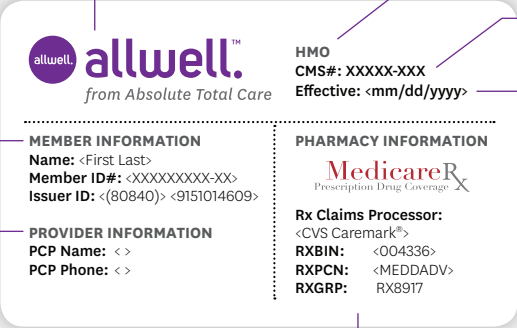


# allwell.

## Allwell Member ID Card Quick Reference Guide

Use this Member ID card quick reference guide for Allwell Medicare patients. Key ID card elements are highlighted below to help you find the information you need for easier claims filing and effective care management.

SAMPLE  
CARD FRONT



**Plan Name** | **Product Name** | **Plan Contract Number** | **Member Effective Date**

**MEMBER INFORMATION**  
Name: <First Last>  
Member ID#: <XXXXXXXX-XX>  
Issuer ID: <(80840)> <9151014609>

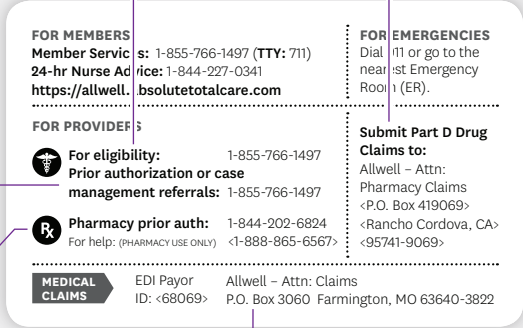
**PROVIDER INFORMATION**  
PCP Name: <>  
PCP Phone: <>

**PHARMACY INFORMATION**  
**Medicare<sup>R</sup>**  
Prescription Drug Coverage

**Rx Claims Processor:**  
<CVS Caremark<sup>®</sup>>  
RXBIN: <004336>  
RXPCN: <MEDDADV>  
RXGRP: RX8917

**Pharmacy Claims Filing Information**

SAMPLE  
CARD BACK



**Eligibility Confirmation** | **Part D Drug Claims Address**

**FOR MEMBERS**  
Member Service: 1-855-766-1497 (TTY: 711)  
24-hr Nurse Advice Line: 1-844-227-0341  
<https://allwell.absolutetotalcare.com>

**FOR PROVIDERS**  
For eligibility: 1-855-766-1497  
Prior authorization or case management referrals: 1-855-766-1497  
Pharmacy prior auth: 1-844-202-6824  
For help: (PHARMACY USE ONLY) <1-888-865-6567>

**FOR EMERGENCIES**  
Dial 911 or go to the nearest Emergency Room (ER).

**Submit Part D Drug Claims to:**  
Allwell - Attn:  
Pharmacy Claims  
<P.O. Box 419069>  
<Rancho Cordova, CA>  
<95741-9069>

**MEDICAL CLAIMS** | EDI Payor ID: <68069> | Allwell - Attn: Claims | P.O. Box 3060 Farmington, MO 63640-3822

**Medical Claims Address**

Please contact Provider Services for additional assistance by calling: **1-855-766-1497**

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