



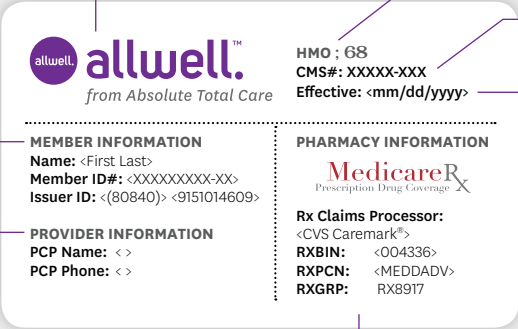
allwell.

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Allwell, -; 68 Member ID Card Quick Reference Guide

Use this Member ID card quick reference guide for Allwell D-SNP 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 | **Provider Information** | **Pharmacy Information**

Pharmacy Claims Filing Information

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

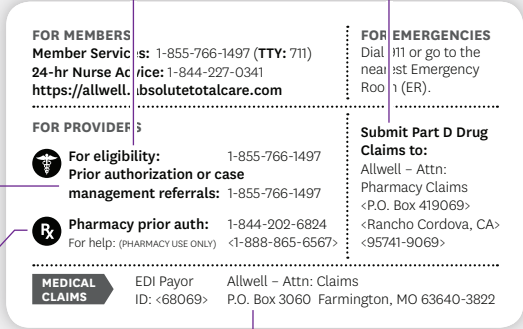
Provider Information
PCP Name: <>
PCP Phone: <>

Pharmacy Information
HMO : 68
CMS#: XXXXX-XXX
Effective: <mm/dd/yyyy>

Medicare Rx
Prescription Drug Coverage

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

SAMPLE
CARD BACK



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

FOR MEMBERS
Member Service: 1-855-766-1497 (TTY: 711)
24-hr Nurse Advice: 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
Dialysis: 111 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 | **Medical Claims Address**

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

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

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