

Sample Partnership Member ID Cards (11-17-09)

 
HEALTH PLAN A Program of Care Wisconsin

NAME: <<FIRSTNAME>> <<LASTNAME>>
EFFECTIVE DATE:<<EFFDATE>> PAYOR ID: 27004
ID: <<IDNUMBER>> GROUP #: <<GROUPNUMBER>>
TO CONTACT YOUR TEAM, CALL: 1-800-963-0035
Rx BIN - 610593
PCN - SXC
RxGROUP - PRSM

Issuer: 80840
<<CONTRACTPLANIDNO>>

 
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Medicare^{Rx}
Prescription Drug Coverage

Issuer: 80840
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Health care services must be authorized in advance by Care Wisconsin Health Plan. Prior authorization is not necessary for urgently needed care when out of the service area or for emergency care in or out of the service area. Notify Care Wisconsin Health Plan within 24 hours of receiving such services.

Provider: For prior authorization, call: (608) 240-0035 or (800) 963-0035
Send Billing Claims to:
CWHP • P.O. Box 853924 • Richardson, TX 75085-3924
Care Wisconsin Provider Help Desk: (608) 245-3053 or (877) 496-3858
Pharmacy claims processed by PharmaStar: (715) 552-4320 or (888) 298-7770

Care Wisconsin Customer Service:
(608) 240-0035 or (800) 963-0035, WI Relay 711

This card must be presented when requesting services.

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