

CIGNA MEDICARE- HEALTH SPRING

****WE DO NOT ACCEPT****

2018 MAPD Non-Group ID Card

  <Plan Name> Customer ID: <Member ID> <contract & PBP> Name: <Member Name> Health Plan (80840) PCP: <Provider Name> Phone: <Provider Phone Number> Network: <Network Name> RxBIN: 017010 RxPCN: CIHSCARE Copays PCP: <copay> Specialist: <copay> ER: <copay> Urgent Care: <copay>	<p>This card does not guarantee coverage or payment.</p> <p><Barcode></p> <p><Services may require a referral by the PCP or authorization by the Health Plan.> <Medicare limiting charges apply.></p> <p>Customer Service: <phone number> TTY: <phone number> Provider Services: <phone number> Authorization/Referral: <phone number> Medical Claims: <address> Pharmacy Help Desk: <Phone number> Pharmacy Claims: <address> Website: <URL></p>
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