

Insurance Not Accepted

(See Below for Example of Insurance)

- Aetna Better Health
 - Manahawkin & Hammonton DO NOT ACCEPT
 - Accepted at all other AMI and AMI @ Inspira locations
- Aetna Assure Premium Plus
 - Manahawkin & Hammonton DO NOT ACCEPT
 - Accepted at all other AMI and AMI @ Inspira locations
- Aetna Assure Premier
- **Aetna SHORE MEDICAL PLAN / VIRTUA HEALTH *AMI/AMICARE are OON (Pt must sign waiver)**
- Americaid/Amerigroup
- Amerivantage
- Axis First Health (Grapevine, TX)
- Cigna Medicare Advantage plans
 - Accepted @ AMI / NOT ACCEPTED @ AMI AtlantiCare
- Cigna LocalPlus IN
- Emblem Health GHI CBP Plan
- Emblem Health HIP HMO
- KEYSTONE HORIZON BCBS
 - Particular Counties Pt can Be Seen In.
 - Camden – Sicklerville
 - Gloucester – Glassboro, Woolwich, Mullica Hill, Deptford
 - Burlington – If you consider the VI Medford Satellite Office. We do bill out of this locations for consults
 - Referrals and /or authorizations are required for all studies
- FEDELIS/WELLCARE
- MEDICAID
 - Accepted at Manahawkin and Hammonton ONLY
- JEFFERSON HEALTH PLAN
- 90 Degree Network Plan (EBSO)
- Qualcare Inner Circle
- RWJ Barnabas Health **(Pt must sign a waiver)**
- Hackensack Meridian Health **(Pt must sign a waiver)**
- UNITED HEALTH CARE Dual Complete
 - Accepted at Manahawkin and Hammonton ONLY
- UHC Community Plan / UHC Community Plan Dual Complete
 - Accepted at Manahawkin and Hammonton ONLY
- UHC HealthCare Dual Complete (Florida) (See Below for Example of Card)
 - AMI OR AMI AtlantiCare Does Not Participate
- UHC Optum Care UHC – Optum Network of NJ
 - AMI AtlantiCare Does Not Participate
- US DEPT OF LABOR – Accepted OCM (One Call Medical) handles ONLY if Federal Employees Compensation Act; otherwise, they go directly to USDOL (United States Department of Labor)
- WELLCARE/FEDELIS

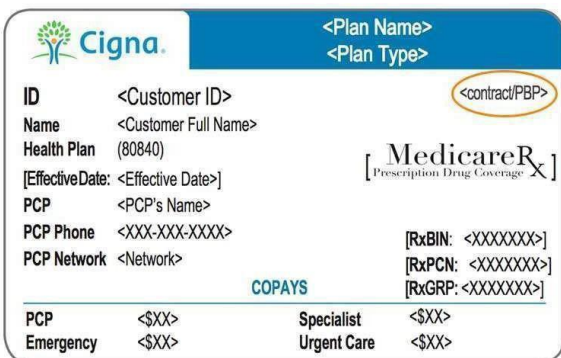


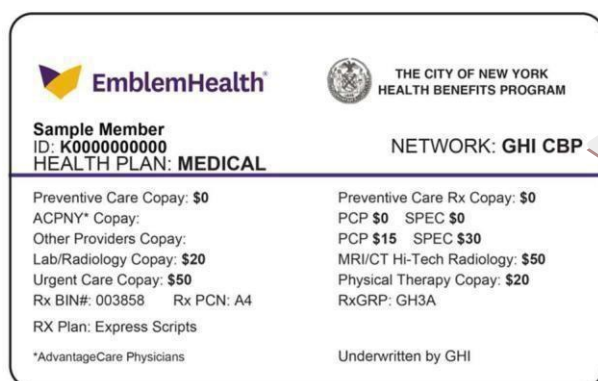
DO NOT accept at Hammonton & Manahawkin! All other Sites accept!



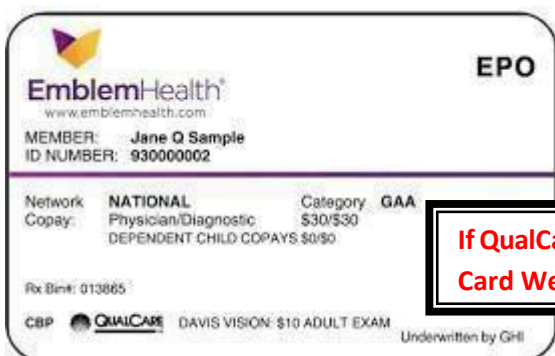
DO NOT ACCEPT!

Cigna Medicare (Healthcare Preferred PPO)

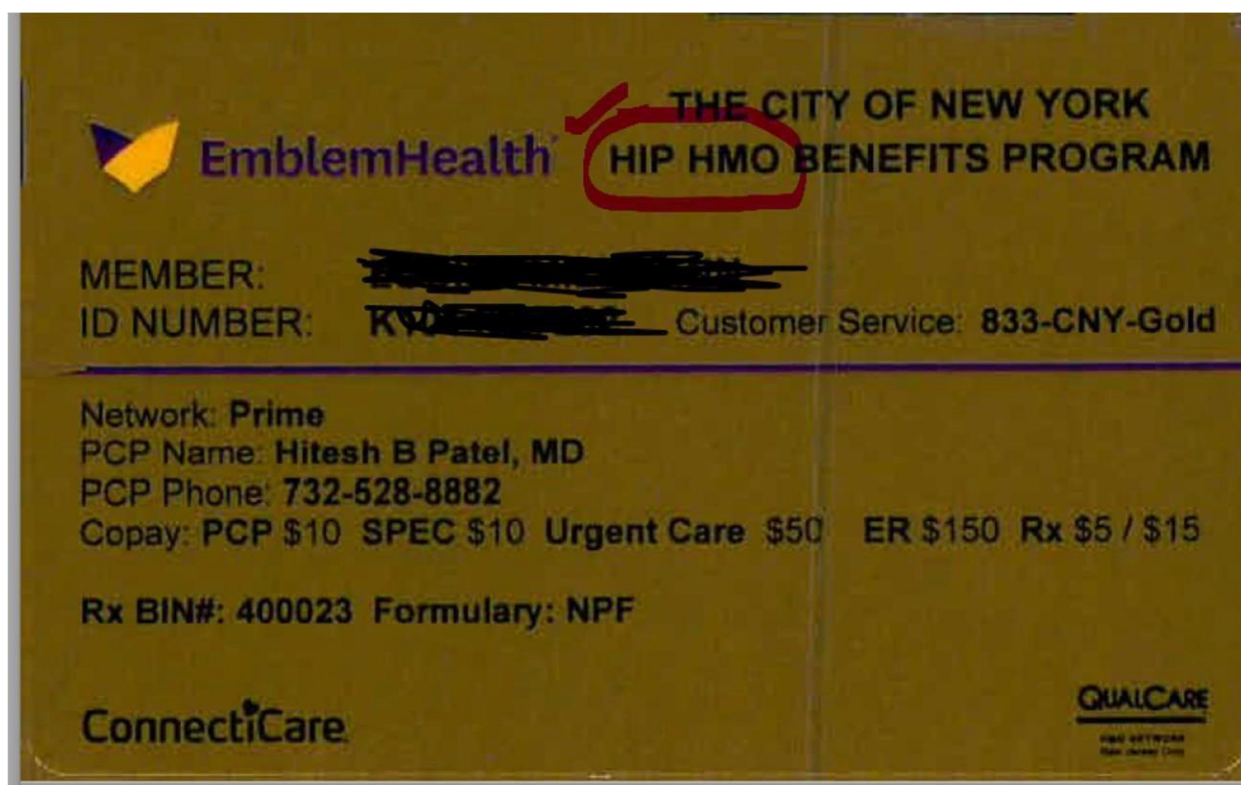




Cannot be a Primary, Can Be Secondary.
IF CBP Indicated Do not Accept At All.

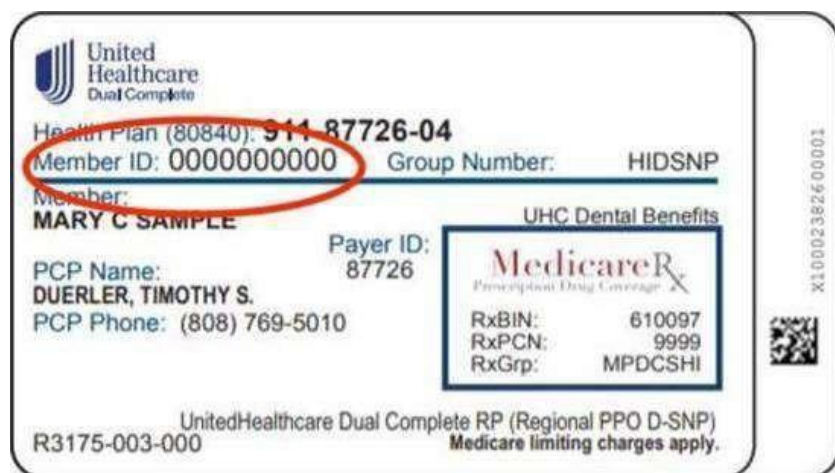


If QualCare Indicated on
Card We do Accept





Accept at AMICARE only!!



Accept at AMICARE only!!



**United HealthCare Dual Complete (Florida)
Not accepted**

WE DO NOT ACCEPT

EXCEPTION: Will accept when it was ordered by Dr.Orozco/Chris Adams(PA)/other associate from his practice. Dr. Orozco is no longer with Rothman.

No carrier code in Fuji, use Registration only.

THIS IS NOT SECONDARY TO MEDICARE.

THIS IS MEDICARE REPLACEMENT, THAT MEANS THIS IS A PRIMARY INSURANCE.

AMI/AMICARE IS OUT OF NETWORK.



Aetna Assure Premier Plus
(HMO D-SNP)



Member Name: [REDACTED]
Member ID: 002888107101
Effective Date: 01/01/2022
Issued Date: 12/17/2021

PCP:	\$0 Copay
Specialist:	\$0 Copay
Emergency Room:	\$0 Copay
Urgent Care:	\$0 Copay
Dental:	\$0 Copay

Issuer: 80840
Rx Bin: 610502
PCN: MEDDAET
Rx Grp: RXAETD

PCP Name: Affel, Marjorie
PCP Phone: 1-856-451-0708

Dental Provider:LIBERTY Dental



H6399-001

BlueCross.	Keystone First
Member Name Last name, First name Keystone First ID YXV123456709	Sex: Male/Female DOB: MM/DD/YYYY State ID: XYZ123456709
Primary Care Practitioner (PCP) Last Name, First Name Group Name PCP Phone Number (555) 555-1234 Lab XXXXXXXX Dental XXXXXXXX	PdBIN #000420 PdPCN #01940000 Copays ER XX RX(0) XX PCP XX RX(0) XX SPEC XX Underlying apply to some services - All members

 **BlueCross.**

**Always carry your Keystone Medicaid card and your
KeystoneCare ID card.** You need them to get your benefits. Each year
the State PAH Agency sends them to you. If you need a replacement
Emergency Rooms When an emergency happens, you need
your insurance your medical condition may be so dangerous
if you get emergency care, please notify your PCP.

Out-of-Pocket Costs Important to know costs, deductibles and
maximums. PCP, submit 40 minutes.

Healthcare Health insurance, health care services, health
care of your child, Blue Cross of PA.

www.bluecrosspa.com
Member Services: 1-800-425-6886, TTY 1-800-454-0546
Insurance Transfer Services: 1-800-454-6787

In-area providers
Twenty thousand eligible and coverage: 1-800-425-6886
For your location: 1-800-425-6886

Out-of-area providers
Twenty thousand eligible and coverage: 1-800-425-6886
For your location: 1-800-425-6886

Medical Health, Drug, and Medical Services
Call the toll-free number for your county. If you don't know the
number, call Member Services at 1-800-425-6886.

Pharmacy Provider Services
For questions about your pharmacy benefits,
call 1-800-425-6787, TTY 1-800-454-0546

Keystone First
201 Spring Street
Pittsburgh, PA 15222

Coverage by York Health Plan, a subsidiary of United
Health Group and Blue Cross of PA.

Independence		Keystone HEALTH PLAN EXBT	
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SAMPLE MEMBER UMI123456789101	DR BEN FRANKLIN MD 215-555-1212 LAB L
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Rx BIN Rx PCN	015814 06090000	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">PLAN</td> <td style="width: 50%;">FLEX HMO</td> </tr> <tr> <td>PCP</td> <td>SSC</td> </tr> <tr> <td>SPEC</td> <td>10</td> </tr> <tr> <td>CD</td> <td>20</td> </tr> <tr> <td>DR</td> <td>1000</td> </tr> <tr> <td>PREV</td> <td>SD</td> </tr> </table>	PLAN	FLEX HMO	PCP	SSC	SPEC	10	CD	20	DR	1000	PREV	SD
PLAN	FLEX HMO													
PCP	SSC													
SPEC	10													
CD	20													
DR	1000													
PREV	SD													



VISION

Rx

Accepted at AMI locations

***Not Accepted: Hammonton and Manahawkin Locations.**



front




back

JEFFERSON HEALTH PLANS

AMI & AMICARE OUT OF NETWORK

WE DO NOT PAR, DO NOT ACCEPT





Medica

LocalPlus IN

Administered by Cigna Health and Life Ins. Co.

FontaSea Resorts

Group: 0063643

Issuer: (80840)

ID: 00

Name: [REDACTED]

Medical/Rx/Dental

Primary Care: \$20

Specialist: \$40

Urgent Care: \$50

ER: \$100

No Referral Required

RxBIN 017010 RxGrp 0063643

RxPCN 058GWH RxID I07540367 00

Cigna DFFO Advantage

Deductible/Out of Pocket Maximums

Ded: \$2500

OOP: \$5000

RX Ded: \$0

PRISM Vision Group

myCigna.com

Administered By Cigna Health and Life Insurance Co.

Coverage Effective Date: 01/01/2024

Group: 3343172

Issuer (80840)

ID: [REDACTED]

Name: [REDACTED]

LocalPlus IN

No Referral Required

PCP Visit \$15

Specialist \$25

Hospital ER \$100

Urgent Care \$25

RX \$15/50/75

Network Coinsurance: 80%/20%

In

PRISM Vision Group

RxBIN 017010 RxPCN 0215COMM Multi Plan

RxGroup 3343172

Network Savings Program

Med/Rx Deductible Applies

INN DED Ind/Fam \$500/\$1000

INN OOP Ind/Fam \$2500/\$5000

SACWERC