

CARRIER NAME: US FAMILY HEALTH PLAN

CARRIER CODE : US014



US FAMILY HEALTH PLAN

Member ID Number: [REDACTED]
Group Number: [REDACTED] Bin Number: [REDACTED]
Rx Group Number: 003 PCN Number: [REDACTED]
Copay: PCP: \$0 ER: \$0 Specialist: \$0

TRICARE® Magellan HEALTH MAXOR PLUS
Pharmacy Benefit Management Services

Members: Must present Member ID at all appointments.
Call Customer Service at 800-241-4848 for information on:

- General questions
- Locating a Behavioral Health Provider

Maxor Mail Order Pharmacy - 866-408-2459

Providers: DO NOT BILL MEDICARE or TRICARE

Please visit <http://usinp.net/provider-info/member-eligibility-claim-status/>
for:

- Precertification or admission verification
- Eligibility
- Benefits
- Claims Information

Submit Claims to: US Family Health Plan:
P.O. Box 830745
Birmingham, AL 35283-0745
Electronic Payor ID: 13407

OrthoNet

DAVIS VISION
EYECARE REFRAMED

Possession of this card does not guarantee coverage.