

CARRIER NAME: US FAMILY HEALTH PLAN

CARRIER CODE : TR004



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

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://usfhp.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.