

Anthem.



BlueCross BlueShield



BAILEY MCEWEN

Member ID:

YZD782A75183

Group No:

IN2362M001

Plan:

131

Rx Bin:

017274

Rx PCN:

PDMI

Rx Group:

99993632

Coverage(s):

Pharmacy - Medical

Blue View Vision

BLUE ACCESS





BlueCross BlueShield

PROVIDERS: Please file medical claims with the local Blue Cross and/or Blue Shield Plan in state where services are provided. When Medicare is primary (including Med. Sup. Policies), file first with Medicare in the state where services were provided.

NOTICE: Precertification or preauthorization does NOT guarantee coverage for or the payment of the service or procedure reviewed. Possession of this card does not guarantee eligibility for benefits.

CLAIMS & INQUIRIES:
PO BOX 105187 ATLANTA, GA 30348-5187
VISION CLAIMS & INQUIRIES:
P.O. BOX 8504 MASON OH 45040-7111

anthem.com

Member Services

Travel Coverage	1-800-810-2583
Provider Services	1-833-578-4441
Pre-Authorization	1-833-578-4441
Vision Customer Service:	1-866-723-0515
TrueScripts Member Care*	1-844-257-1955
TrueScripts Help Desk*	1-855-326-2159

livehealthonline.com

*Contracts directly with group

Anthem Blue Cross and Blue Shield, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.