



ID Suffix Name  
00 AMANDA L REED

Baptist Health  
Select Network (see back)  
Group # MONT01  
Eff Date: 01/01/2017  
Ben Pkg: MONT  
Family ID #: 00150542  
DOB  
08/07/1980

Copays  
PCP: \$25  
Specialists: \$40  
ER: \$150  
Pharmacy: YES  
Preventive Care: \$0

 EXPRESS SCRIPTS  
RxBIN: 003858  
RxPCN: A4  
RxGRP: RX4VIVA

ATTN PHARM/MEMBER: Express Scripts Help Desk: (800) 824-0898. Submit RX Claims to: Express Scripts ATTN: Commercial Claims P.O.Box 14711, Lexington, KY 40512-4711

This card is issued for ID purposes only and does not constitute proof of eligibility. This card must be presented at the time services are rendered. In an emergency, go immediately to the nearest hospital. You must notify VIVA Health within 24 hours of an emergency admission at the Customer Service # listed below.

This plan has a select network consisting of the Baptist Health affiliated providers, and all VIVA Health vision providers. No referral is required for a select network specialist office visit. However, this plan has a prior authorization requirement. Benefits may be denied without the required prior authorization. Providers may call (205) 933-1201 in Birmingham or 1-800-294-7780 for prior authorization.

Copayments are to be paid by members to participating providers at the time health care services are rendered.

VIVA Health Customer Service (205) 558-7474 or 1-800-294-7780. Submit claims directly to: VIVA Health/Claims Dept., P.O. Box 55926, Birmingham, AL 35255

Submit EDI claims to Change Healthcare payer ID 63114

Please include your member number on all correspondence.

Visit our website at [www.vivahealth.com](http://www.vivahealth.com)



Outside AL: 800-678-7427



Multiplan.com