



Managed Care Member ID Cards

Amerigroup Iowa

Effective Date:
Date of Birth:
Amerigroup #:

www.myamerigroup.com/IA
Amerigroup Iowa, Inc.

Member Name:
Medicaid Number:
Primary Care Provider (PCP):
PCP Telephone #:
Vision: **1-800-879-6901**

Copays: **Nonemergency ER Visits: \$3**
No Other Copays

Member Services/Behavioral Health: **1-800-600-4441 (TTY 711)**
24/7 Amerigroup On Call/Nurse HelpLine: **1-866-864-2544 (TTY 711)**

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, call 711.

MIEMBROS: Lleve esta tarjeta de identificación con usted siempre. Muéstrela antes de recibir cuidado médico. No tiene que mostrar esta tarjeta antes de recibir cuidado de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para cuidado que no sea de emergencia. Si tiene preguntas, llame a Servicios al Miembro al 1-800-600-4441. Si es sordo o tiene problemas auditivos, llame al 711.

HOSPITALS: Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

PROVIDERS: Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730. For preauthorization of medications, call 1-855-712-0104.

PHARMACIES: Submit claims using Express Scripts RXBIN: 003858; RXPCN: MA; RXGRP: WKYA For technical help, call **Express Scripts** at 1-855-690-8353.

SUBMIT MEDICAL CLAIMS TO:
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.

IA04 03/18

AmeriHealth Caritas

Member name
Doe, John

AmeriHealth Caritas Iowa ID
123456789

Sex: **M**

DOB: **MM/DD/YYYY**

State ID: **1234567890123**

Copays

ER*	PCP	SPEC	RX(G)	RX(B)
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Limits may apply to some services.

Not transferable.

PO Box 1516, Des Moines, IA 50305
www.amerhealthcaritasia.com

Always carry your AmeriHealth Caritas Iowa card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Iowa Primary Care Provider (PCP) for medical care.

Emergency room: Go to an emergency room near you when you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.

*Copayment applies for non-emergent visits to the ER.

Out-of-area care: Report out-of-area care to AmeriHealth Caritas Iowa and your PCP within 48 hours.

Mental health, drug, and alcohol services: Call Member Services at 1-855-332-2440.

AmeriHealth Caritas Iowa
Claims Processing
P.O. Box 7113, London, KY 40742

All other insurance payors must be billed before AmeriHealth Caritas Iowa, payor of last resort.

Member Services and filing grievances
1-855-332-2440 or TTY **1-844-214-2471**

Provider Services and prior authorization
1-844-411-0579

Report Medicaid fraud
1-800-831-1394

To speak with a nurse anytime
1-855-216-6065

Pharmacy Member Services
1-855-332-2440 or TTY **1-844-214-2471**

Pharmacy RxBIN #**600428**
Pharmacy RxPCN #**07390000**
Pharmacy Provider Services: **1-855-328-1612**

UnitedHealthcare

Health Plan/Plan de salud (80840) 911-87726-04

Member ID/ID del Miembro: 1234567X Group/grupo: IAQHP

Member/Miembro:
SUBSCRIBER M BROWN

Payer ID/ID del Pagador: 87726

PCP Name/Nombre del PCP:
DR. PROVIDER BROWN

PCP Phone/Teléfono del PCP:
(999)999-9999

DOB:
00/00/0000

Rx Bin: 610494
Rx Grp: ACUIA
Rx PCN: 4444

Iowa Medicaid
Administered by UnitedHealthcare Plan of the River Valley, Inc

DHS14

Printed: 04/23/12

En caso de emergencia, acuda a la sala de emergencia más cercana o llame al 911. In an emergency, go to the nearest emergency room or call 911. Unauthorized use of non-plan providers may result in benefits denial. www.MyUHC.com/CommunityPlan

For Members/Para Miembros: 800-464-9484 TDD 711

For Providers: www.unitedhealthcareonline.com 888-650-3462
Claims Address: P.O. Box 5220, Kingston, NY 12402-5220

For Pharmacist: 877-495-2272
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903

In addition to their Managed Care Member ID Card, IA Health Link members will need to keep their Iowa Medicaid Eligibility Card for dental services. Members may need to present both cards when receiving medical services.