

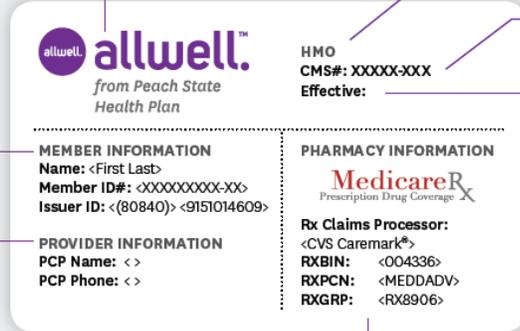


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Allwell Member ID Card Quick Reference Guide

Use this Member ID card quick reference guide for Allwell Medicare patients. Key ID card elements are highlighted below to help you find the information you need for easier claims filing and effective care management.

SAMPLE
CARD FRONT



Plan Name | **Product Name**

Plan Contract Number

Member Effective Date

Member Information

Provider Information

Pharmacy Claims Filing Information

Pharmacy Information

Rx Claims Processor

Pharmacy Prior Authorization

Prior Authorization or Case Management

Medical Claims Address

allwell.™
from Peach State
Health Plan

HMO
CMS#: XXXXX-XXXX
Effective: <XXXX-XX-XX>

MEMBER INFORMATION
Name: <First Last>
Member ID#: <XXXXXXXXXX-XX>
Issuer ID: <(80840)> <915014609>

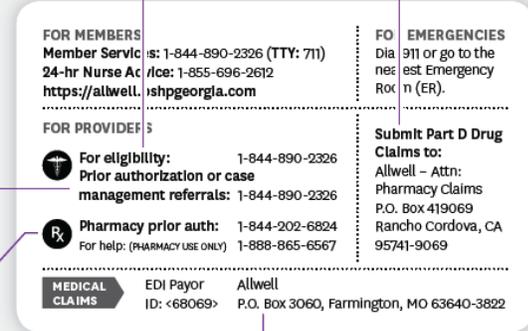
PROVIDER INFORMATION
PCP Name: <>
PCP Phone: <>

PHARMACY INFORMATION

Medicare^{Rx}
Prescription Drug Coverage

Rx Claims Processor:
<CVS Caremark®>
RXBIN: <004336>
RXPCN: <MEDDADV>
RXGRP: <RX8906>

SAMPLE
CARD BACK



Eligibility Confirmation

Part D Drug Claims Address

Medical Claims Address

FOR MEMBERS
Member Service: 1-844-890-2326 (TTY: 711)
24-hr Nurse Advice Line: 1-855-696-2612
<https://allwell.com>

FOR PROVIDERS
For eligibility: 1-844-890-2326
Prior authorization or case management referrals: 1-844-890-2326
Pharmacy prior auth: 1-844-202-6824
For help: (PHARMACY USE ONLY) 1-888-865-6567

EMERGENCIES
Dialyzer or go to the nearest Emergency Room (ER).

Submit Part D Drug Claims to:
Allwell - Attn: Pharmacy Claims
P.O. Box 419069
Rancho Cordova, CA 95741-9069

MEDICAL CLAIMS | EDI Payor ID: <68069> | Allwell | P.O. Box 3060, Farmington, MO 63640-3822

Please contact Provider Services for additional assistance by calling: **1-844-890-2326**