

## Example of Amerigroup ID Card



www.myamergroup.com

Effective Date: **XX/XX/XXXX**  
 Date of Birth: **XX/XX/XXXX**  
 Subscriber #: **7XXXXXXX**  
 RXGRP #: **F823GAMD**  
 RXBIN #: **610415**

Member Name: **AMERIGROUP CARD SAMPLE**  
 Medicaid or PeachCare for Kids Number: **XXXXXXXXXXXXXXXXXXXXXX**  
 Primary Care Provider (PCP): **XXXXXXXXXXXXXXXXXXXXXXXXXX**  
 PCP Telephone #: **(XXX) XXX-XXXX**  
 PCP After Hours #: **XXXXXXXXXXXX**  
 PCP Address: **XXXXXXXXXXXXXXXXXXXXXXXXXX**  
 Copays may apply for certain services (Medicaid only)  
 Vision: **1-866-522-5923**  
 Dental: **1-800-608-9563**




Member Services/Nurse HelpLine and Behavioral Health  
 (24 hours a day, 7 days a week): **1-800-600-4441**  
**GA01**

**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 non-emergency care. If you have questions, call Member Services at 1-800-600-4441. If you are hearing impaired, please call 1-800-855-2880.

**MIEMBROS:** Favor de llevar esta tarjeta con usted en todo momento. Presente esta tarjeta antes de recibir atención médica. No tiene que presentarla para recibir atención de emergencia. Si tiene una emergencia, llame al 911 ó vaya a la sala de emergencia más cercana. Llame siempre a su PCP de AMERIGROUP para atención que no sea de emergencia. Si tiene preguntas, llame a Servicios para Miembros al 1-800-600-4441. Si tiene problemas de audición, favor de llamar al 1-800-855-2880.

**HOSPITALS:** Preadmission certification is required for all non-emergency 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. If preauthorization has not been obtained, please contact the PCP listed on this card before administering treatment. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.


**SUBMIT CLAIMS TO:** AMERIGROUP · PO BOX 61010 · VIRGINIA BEACH, VA 23466-1010

**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**  
**EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO SE CONSIDERA FRAUDE.**

**GA01**

## Example of WellCare ID Card





**Member ID #: 000000000000**      **PeachCare #: 00000000**

Member: [First MI. Last Name]  
 Effective Date: [XX/XX/XXXX]

**Primary Care Physician**  
 [Dr. First Last Name]  
 [Group Name]  
 [XXX Main Street]  
 Suite [XXXX]  
 Atlanta, GA [XXXXX]  
 Phone: [XXX-XXX-XXXX]  
 After Hours: [XXX-XXX-XXXX]

**CO-PAY INFORMATION**  
 Office Visit \_\_\_\_\_ \$XXX  
 Emergency Room \_\_\_\_\_ \$XXX  
 Pharmacy \_\_\_\_\_ \$XXX  
 Hospital \_\_\_\_\_ \$XXX  
 Ambulatory Surg. \_\_\_\_\_ \$XXX

**georgia.wellcare.com**  
 For emergencies, go to the nearest ER.  
 Contact your **primary care physician** as soon as possible.

**Customer Service:** ..... 1-866-231-1821 / TTY 1-877-247-6272  
**24-Hour Health Advice Line:** ..... 1-800-919-8807  
**Prior Authorization:** ..... 1-866-231-1821  
**Behavioral Health (Magellan):** ..... 1-800-424-5412  
**Avesis Vision:** ..... 1-866-522-5923  
**Doral Dental:** ..... 1-800-516-9615

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**WellCare of Georgia**  
 P.O. Box 31370 Tampa, FL 33631-3370

<b>Medical claims</b> are to be mailed to: <b>WellCare of Georgia</b> P.O. Box 31224 Tampa, FL 33631-3224 1-866-231-1821	Rx Bin: 603286 Rx PCN: 01410000 Rx GRP: 726257
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Call 1-866-231-1821 24 hours a day, 7 days a week.