UNICARE

ABC Client Company

Performance

Regional

Alexander J. Samplelongname

Member ID Number: 668-85-5260
Employer Name: ABC Client Company
Group / Policy Number: 9876543

Plan / Co-Pay: Medical $10
Pharmacy Pro-Serv $5
Dental $10
Behavioral Health Services $10

Customer Service: 1-800-789-6500
Dental Customer Service: 1-800-987-4500

Payor Number 99999

Client Company Logo

PPO Network Name (Classic or Performance)

Regional/Multi-State Identifier

Cardholder Name

Cardholder Information

Plan(s) and Co-Pay Amount(s)

Customer Service Numbers

Payor Number

02/17/99

Member Instructions: This is your employer health plan Identification Card. Present it to the provider of health care when you or your eligible dependents receive services.
Pre Hospital Review: BEFORE any NON-EMERGENCY HOSPITAL admission or within 48 hrs. (if emergency) call the UNICARE number on the back of this card prior to certification of hospital admissions or YOUR BENEFITS WILL BE AFFECTED. For Pre-Certification Call: 1-800-456-1000.
PPO Provider Instructions: For prior certification of hospital admissions call the UNICARE customer service number shown on the front of this card.
For Mental Health Care: This is your employer health plan Identification Card. Present it to the provider of health care when you or your eligible dependents receive services.

Network Providers mail claims to: Rental Network P.O. Box 100 Los Angeles CA 98765
All Other Providers mail claims to: Out-of-Network P.O. Box 6000 Industry CA 98765
Dental providers mail claims to: Other Provider 1500 Sample Avenue Culver City CA 98764

UNICARE Life & Health Insurance Company **WellPoint Dental Services, Inc.**

Member Instructions

Physician/ Facility Instructions

Important Number(s)/ Address(es)

Company Sign-off

MultiPlan Logo (For Out-of-Network Services)