



ABC Client Company

Client Company Logo

Cardholder Name — **Alexander J. Samplelongname**

Classic

PPO Network Name
(Classic or Performance)

Cardholder Information —
Member ID Number: 868-85-5260
Employer Name: ABC Client Company
Group / Policy Number: 9876543

NCPPO

NCPPO or Leased
Network Logo

Plan(s) and Co-Pay Amount(s) —
Plan / Co-Pay: Medical \$10
Pharmacy Pro-Serv \$5
Dental \$10
Behavioral Health Services \$10

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

Payor Number 99999

Payor Number

02/17/99

Member Instructions —
Physician/
Facility Instructions —
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.

Important Number(s)/
Address(es) —
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 98784

Company Sign-off — UNICARE Life & Health Insurance Company WellPoint Dental Services, Inc.



MultiPlan Logo
(For Out-of-Network Services)