



AmeriHealth Caritas

VIP Care

Member Name

<Member Name>

Member ID#

<123456789>

Health Plan

(80840) 7427051066

MEMBER CANNOT BE CHARGED

Cost sharing/copays: \$0 for doctor visits and hospital stays

H4227-002

AmeriHealth Caritas VIP Care
(HMO-SNP)

Medicare^{Rx}
Prescription Drug Coverage

Prescription Drug Info:

RX BIN **019587**

RX PCN **06110000**



Members: Call Member Services at **1-866-533-5490 (TTY 711)** or visit our website at **www.amerihealthcaritasvipcare.com**.

Providers: Call **1-800-521-6007**
DO NOT bill Original Medicare.

Submit Claims To:
Processing Center
P.O. Box 7139
London, KY 40742-7139

www.amerihealthcaritasvipcare.com

Pharmacists: RX ID is the Member ID

For Pharmacy Benefit Information:
Members call: **1-866-429-8918**
Pharmacies call: **1-866-543-2657**

Submit Prescription Claims To:
PerformRx/AmeriHealth Caritas VIP Care
P.O. Box 516
Essington, PA 19029