



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

H0738_001

**AmeriHealth Caritas VIP Care
(HMO-SNP)**

PCP
<PCP Name>

PCP Phone
<PCP Number>

Prescription Drug Info:
RX BIN **019587**
RX PCN **PRX01815**

Medicare_{Rx}
Prescription Drug Coverage



www.amerihealthcaritasvipcare.com/de

Members: Call Member Services at
1-833-433-3767 (TTY 711) or visit our website
at www.amerihealthcaritasvipcare.com/de.

Providers: Call **1-833-433-2177**
DO NOT bill Original Medicare.

Submit Claims To:
Processing Center
P.O. Box 7125
London, KY 40742-7125

Pharmacists: RX ID is the Member ID

For Pharmacy Benefit Information:
Members call: **1-833-879-3767**
Pharmacies call: **1-833-376-7790**

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