



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]

Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



An Anthem Company

Amerivantage Care Access (HMO)
Amerigroup Community Care of New Mexico, Inc


PCP: [REDACTED]
 PCP Phone: [REDACTED]


Member ID: [REDACTED]


Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Provider: Verify secondary Medicaid coverage and submit Deductibles, Copays, and Coinsurance to Medicaid.

CMS H5746-PBP: 016-000


Prescription Drug Coverage

X6368840001




An Anthem Company

amerigroup.com/medicare

Members: Present this ID card and any Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers: Do not bill FFS Medicare. Please submit claims to the plan.

Medicare limiting charges apply.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010. EDI Information : Payer ID - Emdeon: 27514; Caparo: 28804; Availity: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

Customer Service:	1-866-805-4589
TTY:	711
Pharmacy Member Svc:	1-833-343-4754
Help for Pharmacists:	1-833-377-4266
Providers:	1-866-805-4589
Dental:	1-800-235-8849
24/7 NurseLine:	1-866-805-4589
SilverSneakers:	1-855-741-4985
Transportation:	1-855-483-6527

Use of this card by any person other than the member is fraud 11/05/2020



PRODUCTION VIEW

Member Name [Redacted]
Member ID [Redacted]
Job ID [Redacted]


Processed Date [Redacted]
Expected Mail Date [Redacted]
Actual Mail Date [Redacted]

Mail to Address [Redacted]
[Redacted]
[Redacted]


Card Front

Card Back

Single Card Package

 X636965801982

Intentionally Left Blank



Amerigroup
An Anthem Company

Member ID [Redacted]


Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

Amerivantage Plus (HMO)
Amerigroup Community Care of
New Mexico, Inc

PCP: First [Redacted]
PCP Phone: [Redacted]

Office Visit Copay: \$0
Specialist Visit Copay: \$45
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H5746-PBP: 018-000



Prescription Drug Coverage

Z66T085969EEX 

Intentionally Left Blank



Amerigroup
An Anthem Company

Members: Present this ID card and any Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.
Providers: Do not bill FFS Medicare. Please submit claims to the plan.

Medicare limiting charges apply.

Claims: Amerigroup, P.O. Box 61010
Virginia Beach, VA 23466-1010. EDI
Information : Payer ID - Emdeon: 27514;
Capario: 28804; Availity: 26375
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

amerigroup.com/medicare

Customer Service: 1-866-805-4589
TTY: 711
Pharmacy Member Srv: 1-833-343-4754
Help for Pharmacists: 1-833-377-4266
Providers: 1-866-805-4589
Dental: 1-800-235-8849
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 11/05/2020