



# 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



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

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PCP: Call for PCP  
 PCP Phone: [REDACTED]

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**Member ID** [REDACTED]

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


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

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CMS H5746-PBP: 016-000

**MedicareRx**  
Prescription Drug Coverage

X8665794.00013  




[amerigroup.com/medicare](http://amerigroup.com/medicare)

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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

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[livehealthonline.com](http://livehealthonline.com)

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Claims: Amerigroup, P.O. Box 61010  
 Virginia Beach, VA 23466-1010  
 EDI Information: [availity.com](http://availity.com)

Pharmacy Claims: P.O. Box 52077  
 Phoenix, AZ 85072-2077

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Use of this card by any person other than the member is fraud 12/15/2021



# 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



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

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PCP: [REDACTED]  
 PCP Phone: [REDACTED]

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**Member ID** [REDACTED]

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


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

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CMS H5746-PBP: 018-000

  
Prescription Drug Coverage

  
X86988800002



**amerigroup.com/medicare**

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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

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**Members:** Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.  
**Providers and Hospitals:** Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

**Claims:** Amerigroup, P.O. Box 81010  
 Virginia Beach, VA 23466-1010  
 EDI Information: [availity.com](http://availity.com)

**Pharmacy Claims:** P.O. Box 52077  
 Phoenix, AZ 85072-2077

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Use of this card by any person other than the member is fraud 12/16/2021



# 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]

Card Front

Card Back



**Amerivantage ESRD Care (HMO C-SNP)**  
**Amerigroup Community Care of New Mexico, Inc**

PCP: [REDACTED]  
 PCP Phone: [REDACTED]

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**Member ID** [REDACTED]

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

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


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CMS H5746-PBP: 019-000

**MedicareRx**  
Prescription Drug Coverage

X06888800000





**amerigroup.com/medicare**

Customer Service: 1-833-681-2638  
 TTY: 711  
 Pharmacy Member Svc: 1-833-343-4754  
 Help for Pharmacists: 1-833-377-4267  
 Providers: 1-833-681-2638  
 Dental: 1-800-235-8849  
 24/7 NurseLine: 1-866-805-4589  
 SilverSneakers: 1-855-741-4985

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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.

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Claims: Amerigroup, P.O. Box 81010  
 Virginia Beach, VA 23466-1010  
 EDI Information: [availity.com](http://availity.com)

Pharmacy Claims: P.O. Box 52077  
 Phoenix, AZ 85072-2077

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Use of this card by any person other than the member is fraud 12/04/2021