

# Sample Medicare Member ID Cards

Below are examples of the GHI and HIP Medicare ID cards a member may present when coming into your office for care. For Customer or Pharmacy services, please call the numbers on the back of the member's card.

## Sample GHI Medicare Member ID Cards

### GHI Medicare Prescription Drug Plan

**GHI**  
an EmblemHealth company

**GHI Medicare PDP**

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**  
ID NUMBER: **12345678900**

---

CAT Code:  
Deductible:  
Copay: **Rx**

MedicareRx  
Prescription Drug Coverage

Rx BIN#: **013344**  
Rx PCN#: **0020080229**  
Issuer#: **(80840)**  
CMS#: **S5966000**

A Medicare Prescription Drug Plan

CBP

0954 www.ghi.com


MEMBERS AND PROVIDERS: Call Customer Service at **1 877 444 7240** prior approval, member eligibility or benefit questions. TTY/TTD users call **1 866 248 0640**

Submit all claims to: GHI PDP Plan, P.O. Box 1520 JAF Station New York, NY 10116-1520.

Possession of this card does not certify coverage.

Group Health Incorporated Union Bug  
XXXXXXXXXX

### GHI Medicare PPO I

**GHI**  **GHI Medicare PPO I**

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**  
ID NUMBER: **12345678900**

---

Network: **GHI Medicare Choice PPO**

CAT Code:  
Copay: **PCP SPEC**  
**ER**  
**Preventive Dental**  
Preferred Network

Rx BIN#: **013344**  
Rx PCN#: **0020080229**  
Issuer#: **(80840)**  
CMS#: **H5528001**

CBP

0954 www.ghi.com

MEMBERS AND PROVIDERS: Call Customer Service at **1-866-557-7300** for prior approval, member eligibility or benefit questions. TTY/TTD users call **1-866-248-0640**. For Prescription Drug services call: **1-877-444-7097**. Call **911** in case of an emergency and contact Customer Service within 48 hours or as soon as possible.

Submit Medical/Hospital claims to: GHI, P.O. Box 2830, New York, NY 10116


Submit Prescription drug claims to: GHI Medicare Choice PPO, JAF Station, P.O. Box 1520, New York, NY 10116-1520.

Certain services may require pre-authorization. Check evidence of coverage. **Medicare limiting charges apply**.

Possession of this card does not certify coverage.

Group Health Incorporated Union Bug  
XXXXXXXXXX

### GHI Medicare PPO Value

**GHI**  **GHI Medicare PPO Value**

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**  
ID NUMBER: **12345678900**

---

Network: **GHI Medicare Choice PPO**

CAT Code: **KA**

Copay: **PCP \$0 SPEC \$0**  
**ER \$50**  
**Rx** See evidence of coverage.

MedicareRx  
Prescription Drug Coverage

Rx BIN#: **013344**  
Rx PCN#: **0000000000**  
CIN#: **DS15973T**  
Issuer#: **(80840)**  
CMS#: **H5528000**

No copayment for in-network and out-of-network services.

CBP

0954 www.ghi.com

MEMBERS AND PROVIDERS: Call Customer Service at **1-866-557-7300** for prior approval, member eligibility or benefit questions. TTY/TTD users call **1-866-248-0640**. For Prescription Drug services call: **1-877-444-7097**. Call **911** in case of an emergency and contact Customer Service within 48 hours or as soon as possible.

Submit Medical/Hospital claims to: GHI, P.O. Box 2830, New York, NY 10116

Submit Prescription drug claims to: GHI Medicare Choice PPO, JAF Station, P.O. Box 1520, New York, NY 10116-1520.

Certain services may require pre-authorization. Check evidence of coverage. **Medicare limiting charges apply**.

Possession of this card does not certify coverage.

Group Health Incorporated Union Bug  
XXXXXXXXXX



# Sample Member Medicare ID Cards

## Sample HIP Medicare Member ID Cards

### HIP Part D New York Prescription Drug Plan

**HIP**  
an EmblemHealth company

**HIP Part D  
New York (PDP)**

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**  
ID NUMBER: **12345678900**

---

Deductible: **\$295**  
Copay: **Rx**

MedicareRx  
Prescription Drug Coverage

Rx BIN#: **400023**  
Rx PCN#: **0020050403**  
Issuer#: **(80840)**  
CMS#: **S5741 001**

A Medicare Prescription  
Drug Plan

0954 www.hipusa.com


**MEMBERS AND PROVIDERS:**  
Call Customer Service at **1-800-HIP-TALK (1-800-447-8255)**  
for prior approval, member eligibility or benefit questions.  
TTY/TTD users call **1-888-HIP-4TDD (1-888-447-4833)**.

Submit all claims to:  
HIP Pharmacy Services, 55 Water Street, New York, NY  
10041-8190.

Possession of this card does not certify coverage.

Union Bug  
XXXXXXXXXX

### HIP Part D New York Prescription Drug Plan

**HIP** 

**HIP VIP Dual  
Eligible (HMO)**

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**  
ID NUMBER: **12345678900**

---

PCP Name: **Dr. John Smith**  
PCP Phone: **000-000-0000**  
Copay: **PCP \$0 SPEC \$5**  
**ER \$0**  
**Rx \$10/\$20/50%/25%/25%**

MedicareRx  
Prescription Drug Coverage

Rx BIN#: **400023**  
Rx PCN#: **0020050403**  
Issuer#: **(80840)**  
CMS#: **H3330000**

Preferred Health Partners

0954 www.hipusa.com

All covered non-emergency services must be provided by or authorized by HIP. In case of non-emergency illness, contact your PCP.


**MEMBERS AND PROVIDERS:**  
Call Customer Service at **1-800-HIP-TALK (1-800-447-8255)**  
for prior approval, member eligibility or benefit questions.  
TTY/TTD users call **1-888-HIP-4TDD (1-888-447-4833)**.  
Call **911** in case of an emergency and contact Customer Service within 48 hours or as soon as possible.

Submit all claims to:  
HIP, P.O. Box 2803, New York, NY 10116-2803.  
Certain services may require pre-authorization.  
Check evidence of coverage.

Possession of this card does not certify coverage.

Union Bug  
XXXXXXXXXX

### HIP VIP Dual Eligible HMO

**HIP** 

**HIP VIP  
(HMO)**


MEMBER: **JOHN G. SAMPLEPLACEHOLDER**  
ID NUMBER: **12345678900**

---

PCP Name: **Dr. John Smith**  
PCP Phone: **000-000-0000**  
Copay: **PCP \$0 SPEC \$0**  
**ER \$0 Rx Y**

MedicareRx  
Prescription Drug Coverage

Rx BIN#: **400023**  
Rx PCN#: **0020050403**  
Issuer#: **(80840)**  
CMS#: **H3330000**

  
INSPIRIS  
UNITED CARERS FOR THE REAL WORLD

0954 www.hipusa.com

All covered non-emergency services must be provided by or authorized by HIP. In case of non-emergency illness, CONTACT YOUR PRIMARY CARE PHYSICIAN whose number is the front of this card. In case of emergency, go to the nearest emergency room or call 911. You should notify HIP within 48 hours from the start of receiving emergency care, or as soon as reasonably possible, by calling **1-800-HIP-TALK (1-800-447-8255)**. (These instructions do not replace the more detailed discussions on obtaining services found in your HIP Contract.)

VIP members: If you receive care that is not provided by or authorized by HIP (other than emergency or urgent care), neither HIP nor Medicare will pay for that service and you will be responsible for payment of care.


**INSTRUCTIONS FOR MEMBERS:**  
MEMBER INQUIRIES—Please write or call the HIP Customer Service Department, 55 Water Street, New York, NY 10041-8190 or call **1-800-HIP-TALK (1-800-447-8255)**  
PLEASE USE YOUR HIP IDENTIFICATION NUMBER IN ALL COMMUNICATIONS

**INSTRUCTIONS FOR PROVIDERS AND FACILITIES**  
EMERGENCY ROOMS—Contact Inspiris at 1-800-551-8201 for prior approval of all treatment following medical screening and stabilization, if required.  
HOSPITAL ADMITTING—To verify patient eligibility please call 1-800-447-8255.  
All claims should be sent to:  
**INSPIRIS, P.O. Box 2127, Brentwood, TN 37024**  
CLAIM STATUS INQUIRIES, CALL: 1-888-315-5442  
FOR MENTAL HEALTH SERVICE CALL: 1-888-447-2526

Possession of this card does not certify coverage.

Union Bug  
XXXXXXXXXX

### HIP VIP HMO

**HIP** 

**HIP VIP Medicaid  
Advantage (HMO)**


MEMBER: **JOHN G. SAMPLEPLACEHOLDER**  
ID NUMBER: **12345678900**

---

PCP Name: **Dr. John Smith**  
PCP Phone: **000-000-0000**  
Copay: **PCP \$0 SPEC \$0**  
**ER \$0 Rx \$2.50/\$2.50**

MedicareRx  
Prescription Drug Coverage

Rx BIN#: **400023**  
Rx PCN#: **0020050403**  
Issuer#: **(80840)**  
CMS#: **H3330031002**



0954 www.hipusa.com

**WHEN YOUR PRIMARY CARE PHYSICIAN'S OFFICE IS CLOSED AND EMERGENCY MEDICAL CARE IS NEEDED or to obtain preauthorization for hospital admission, CALL 1-888-746-2200.**  
All non emergency care must be provided or arranged by a provider participating with HIP Health Plan of New York. For VIP members, neither HIP nor Medicare will cover care that is not provided or arranged by HIP (except for emergency care or out-of-area urgent care as defined in your contract).

**INSTRUCTIONS FOR MEMBERS**  
MEMBER INQUIRIES—Please write or call the HIP Customer Service Department, 55 Water Street, New York, NY 10041-8190  
Call **1-800-HIP-TALK (1-800-447-8255)**  
PLEASE USE YOUR HIP IDENTIFICATION NUMBER IN ALL COMMUNICATIONS

**INSTRUCTIONS FOR PROVIDERS AND FACILITIES**  
All admissions require prior approval. To verify patient eligibility call **1-800-447-8255**.  
All claims should be sent to:  
**HealthCare Partners**  
**1225 Franklin Avenue, Suite 100,**  
**Garden City, NY 11530**  
CLAIM STATUS INQUIRIES, CALL 1-888-746-2200.  
FOR MENTAL HEALTH SERVICES, CALL 1-888-447-2526.

Possession of this card does not certify coverage.

Union Bug  
XXXXXXXXXX