



Name FIRST MI LASTNAME

CIN # [XXXXXXXXXX]

**Physician Group and PCP**

[PPG Name]

[PCP or Clinic Name]

Street Address

[City State Zip + 4]

PCP PHONE: [X-XXX-XXX-XXXX]

Effective date with PCP:

[MM/DD/YY] Office Copay: \$0

Issue Date MM/DD/YY

Enrollment Date MM/DD/YY

CalViva Health only covers medical and hospital services provided or authorized by your Participating Physician Group (PPG).

To change your PPG or Primary Care Provider (PCP), call CalViva Health Member Services at 1-888-893-1569 / TTY: 711 or visit [www.calvivahealth.org](http://www.calvivahealth.org)

[<Rx BIN 022659>] [<RxPCN 6334225>]

CalViva Health Member Services is available 24 hours a day, 7 days a week

Member Services & Mental Health Benefits

1-888-893-1569 (TTY: 711)

Nurse Advice Line

1-888-893-1569 (TTY: 711)

Website

[www.calvivahealth.org](http://www.calvivahealth.org)

**If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital.**

See your PCP for non-emergency health needs like colds, minor infections or illnesses, or treatment for ongoing health needs. Do not go to the emergency room for routine health care.

Providers Call for Eligibility and Authorization: 1-888-893-1569 Option 2 for eligibility verification.

Non-contracted hospitals requesting prior authorization for post-stabilization care: 1-800-995-7890, option 2

Medi-Cal Rx Help Line: 1-800-977-2273

Out of area/Emergency Providers Call 1-888-893-1569 for authorization.

Prior Authorization: Primary Care Physician referral in advance is required for most non-emergency services by contracting providers. Emergency services rendered to the member by non-CalViva Health providers are reimbursable by CalViva Health without prior authorization.

This card is for identification only. It does not verify eligibility.

Mail all claims to: PO Box 9020, Farmington, MO 63640-9020.

