

FRONT PANEL



Wellcare By Health Net
Wellcare Dual Align 129
(HMO D-SNP)
CMS#: <H0562-129>
Effective Date: <MM/DD/YYYY>

MEMBER INFORMATION

Name: <First MI Last>
Member ID#: <XXXXXXXXXX-XXX>
Care Coordinator Phone: <1-800-431-9007>

PROVIDER INFORMATION

PPG Name: <Provider Group Name>
PPG Phone: <X-XXX-XXX-XXXX>
PCP Name: <Last, First Name>
PCP Phone: <X-XXX-XXX-XXXX>

MEMBER CANNOT BE CHARGED

PCP/Specialist Office Visit: \$X

FOR EMERGENCIES Dial 911 or go to the nearest Emergency Room (ER).

PHARMACY INFORMATION

Medicare^{Rx}
Prescription Drug Coverage

Rx Claims Processor:
<CVS Caremark[®]>
RxBIN: <004336>
RxPCN: <MEDDADV>
RxGRP: <RX6270>
RxID: <XXXXXXXXXXXX>

BACK PANEL

www.wellcare.com/healthnetCA

FOR MEMBERS

Member Services: <1-800-431-9007 (TTY: 711)>
Mental Health Benefits: <1-800-646-5610 (TTY: 711)>
Nurse Advice Line: <1-800-893-5567 (TTY: 711)>
Transportation: <1-866-653-0975 (TTY: 711)>
Involve Vision (For Members and Members): <1-866-392-6058 (TTY: 711)>

FOR PROVIDERS



For Member eligibility and Medical prior auth/referrals : <1-800-431-9007>
Medical Claims: <Wellcare By Health Net> <Attn: Claims>
Payor ID: <68069> <P.O. Box 9030 Farmington, MO 63640-9030>



Pharmacy prior auth: <1-800-867-6564>
For help: (PHARMACY USE ONLY) <1-888-865-6567>
Submit Part D Drug Claims to: <Wellcare By Health Net> <Attn: Member Reimbursement Dept> <P.O. Box 31577, Tampa, FL 33631-3577>