



CIN #: [XXXXXXXXXXXXXX]
Card Issue Date: [MM/DD/YYYY]
Effective Date: [MM/DD/YYYY]

Member: [Member Full Name]



calvivahealth.org

PPG: [Health Care Partners of Los Angeles]
PCP/Clinic Name: [Dr. Marin Short]
Street Address
City State Zip + 4
PCP Phone Number: [1-XXX-XXX-XXXX]
Effective Date with PCP: [MM/DD/YYYY]
Office Copay: \$0

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

RXBIN: [022659]
RXPCN: [6334225]

www.calvivahealth.org

Member & Provider Services	[1-888-893-1569] (TTY: 711)
Behavioral Health Benefits	[1-888-893-1569] (TTY: 711)
24/7 Nurse Advice Line	[1-888-893-1569] (TTY: 711)
24/7 Virtual Doctor Appointment	www.teladoc.com
Medi-Cal Dental	[1-800-735-2922] (TTY: 711)
Inpatient Admits	[1-800-995-7890, option 2] (TTY: 711)
Medi-Cal RX	[1-800-977-2273] (TTY: 711)

Medical Claims:

PO Box 9040 Farmington, MO 63640-9040



Prior Authorization: Primary Care Physician referral in advance is required for most non-emergency services by contracting providers. Emergency services rendered by both contracted and non-contracted providers are covered at no cost to the member and reimbursable by CalViva Health without prior authorization.

FOR EMERGENCIES: Dial 911 or go to the nearest Emergency Room.