



Member Name
<Member Name>

Member ID#
<123456789>

Health Plan
H6378001

MEMBER CANNOT BE CHARGED

Cost sharing/copays: \$0 for doctor visits and hospital stays

H6378-001

**AmeriHealth Caritas VIP Care
(HMO-SNP)**

Medicare^{Rx}
Prescription Drug Coverage

Prescription Drug Info:
RX BIN **019587**
RX PCN **PRX01816**

PCP
<PCP Name>
PCP Phone
<PCP Number>



Members: Call Member Services at
1-833-535-3767 (TTY 711) or visit our website
at www.amerhealthcaritasvipcare.com/fl.

Providers: Call **1-833-350-3477**
DO NOT bill Original Medicare.

Submit Claims To:
Processing Center
P.O. Box 7155
London, KY 40742-7155

www.amerhealthcaritasvipcare.com/fl

Pharmacists: RX ID is the Member ID

For Pharmacy Benefit Information:
Members call: **1-833-792-3767**
Pharmacies call: **1-833-973-3579**

Submit Prescription Claims To:
PerformRx/AmeriHealth Caritas VIP Care
P.O. Box 516
Essington, PA 19029