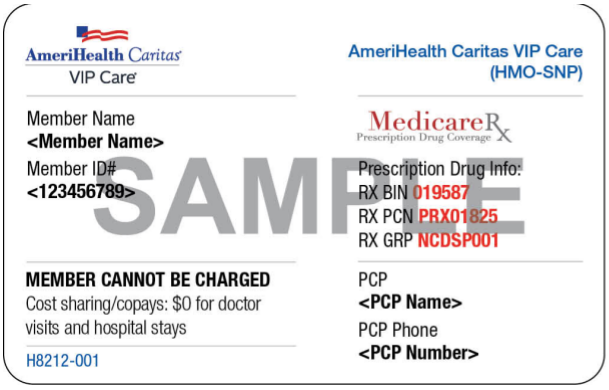
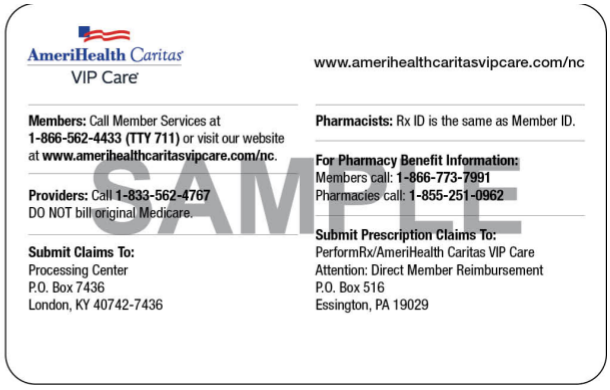

AmeriHealth Caritas
VIP Care
AmeriHealth Caritas VIP Care
(HMO-SNP)
Member Name
<Member Name>
Member ID#
<123456789>
MedicareRx
Prescription Drug Coverage
Prescription Drug Info:
RX BIN 019587
RX PCN PRX01825
RX GRP NCDSP001
SAMPLE
MEMBER CANNOT BE CHARGED
Cost sharing/copays: $0 for doctor visits and hospital stays
H8212-001
PCP
<PCP Name>
PCP Phone
<PCP Number>


AmeriHealth Caritas
VIP Care
www.amerihealthcaritasvipcare.com/nc
Members: Call Member Services at 1-866-562-4433 (TTY 711) or visit our website at www.amerihealthcaritasvipcare.com/nc.
Providers: Call 1-833-562-4767
DO NOT bill original Medicare.
Submit Claims To:
Processing Center
P.O. Box 7436
London, KY 40742-7436
Pharmacists: Rx ID is the same as Member ID.
For Pharmacy Benefit Information:
Members call: 1-866-773-7991
Pharmacies call: 1-855-251-0962
Submit Prescription Claims To:
PerformRx/AmeriHealth Caritas VIP Care
Attention: Direct Member Reimbursement
P.O. Box 516
Essington, PA 19029
SAMPLE