



AmeriHealth Caritas VIP Care
(HMO-SNP)

Member Name
<Member Name>

Member ID#
<123456789>

MEMBER CANNOT BE CHARGED

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

H8212-001



Prescription Drug Info:
RX BIN **019587**
RX PCN **PRX01825**
RX GRP **NCDSP001**

PCP

<PCP Name>

PCP Phone

<PCP Number>



www.amerhealthcaritasvipcare.com/nc

Members: Call Member Services at 1-866-562-4433 (TTY 711) or visit our website at www.amerhealthcaritasvipcare.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