



# PCS PREVIEW

Member Name **P654 V hihghd**  
Member ID **904M85754**  
Job ID **474854**

Processed Date **07/22/2019**  
Expected Mail Date  
Actual Mail Date

Mail to Address  
**P654 V hihghd**  
**14730 JAMES RIVER LN**  
**HOUSTON TX 77084-2122**

Card Front

Card Back


Single Card Package

X6225301200001

P654 V hihghd  
14730 JAMES RIVER LN  
HOUSTON TX 77084-2122

AMERIGROUP  
PO Box 659403  
San Antonio TX 78265-9403

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An Anthem Company

**P654 V hihghd**  
**Member ID: 904M85754**

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**Medical Group:**  
Issuer ID: 80840  
Effective Date: 04/01/2019  
Rx GROUP: WM2A  
Rx BIN: 003858  
Rx PCN: MD

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**Amerivantage Dual Premier (HMO SNP) Amerigroup Texas, Inc.**

PCP: D. Phan  
PCP Phone: (832) 328-1437  
IntegraNet- Gulf Coast

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Dual Eligible Member Pays \$0 for Plan covered medical services  
**Provider:** Dual Member Cost Share should be billed to member's Medicaid

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CMS H2593-PBP: 032-000

**MedicareRx**  
Prescription Drug Coverage

T000021055222X

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An Anthem Company

**myamerigroup.com/medicare**

Customer Service: **1-844-765-5165**  
TTY: **711**  
Providers: **1-833-908-0104**  
Pharmacy: **1-866-630-3820**  
Dental: **1-888-700-0992**  
24/7 NurseLine: **1-855-658-9249**  
SilverSneakers: **1-855-741-4985**  
livehealthonline.com

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**Members:** Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.  
**Providers:** Do not bill FFS Medicare. Please submit claims to the plan. Medicare limiting charges apply.

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**Claims:** IntegraNet Claims Dept.  
1813 West Harvard Ave Suite 204  
Roseburg, OR 97471  
Inetclaims.com  
**Pharmacy Claims:** P.O. Box 14718  
Lexington, KY 40512-4718

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Use of this card by any person other than the member is fraud 07/22/2019