



ANA Healthcare Program

PPO

Employer Name : **ALL NIPPON AIRWAYS CO., LTD.**

Member ID : **061074-02**

Subscriber Name : **HARUNA KAMO**

Customer Service : **1-833-889-1039/1-949-623-7422** Gender : **Female**

Fax pre-determination to : **1-949-437-9691**

Effective Date : **Apr/01/2018**

Submit claims to : **Prestige International USA, Inc.** Date of Birth : **Aug/23/2012**
19800 MacArthur Blvd, Suite 400,
Irvine, CA 92612, U.S.A.

Attn : **AN-HCP GROUP#:AN042018**

