



CIONO M OGIKUBO

Member ID:
NCF767A67053

MED PLAN: H9J
MED OFFICE:
HEALTHCARE PARTNERS IPA-LITTL
1-800-403-4160
PCP: JISUE K COYE
1-310-370-7759

Group No: **57APXA**
Plan Code: **040**
Rx BIN/PCN/Group: **003858/A4/WLHA**
Coverage(s):
Pharmacy - Medical
Prudent Buyer Dental
Blue View Vision

Office Visit **\$30**
Specialist **\$40**
DXL **\$0**
ER **\$150**

Blue Cross HMO



MEMBERS: When submitting inquiries always include your member number from the face of this card. Possession or use of this card does not guarantee payment.

PROVIDERS: Please submit claims to your local Blue Cross and/or Blue Shield Plan. To ensure prompt claims processing, include the 3-digit prefix that precedes the patient's identification number listed on the front of this card.

DENTAL CLAIMS & INQUIRIES:
PO BOX 659444 SAN ANTONIO TX 78265

VISION CLAIMS & INQUIRIES:
P.O. BOX 8504 MASON OH 45040-7111

anthem.com/ca

Pharmacist Services **1-800-824-0898**
24/7 NurseLine **1-800-700-9186**
HMO Member Services **1-800-888-8288**
Coverage While Traveling **1-800-810-2583**
Provider Inquiries **1-800-677-6669**
Dental Customer Service **1-800-627-0004**
Vision Customer Service **1-866-723-0515**

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association.

12/26/17