



**MIUNO T 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](http://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**

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12/26/17