

NIPPON EXPRESS Health Care Program Insurance Card



Employer Name : **NIPPON EXPRESS USA, INC.**
 Insurance No. : **1111319273**
 Member ID : **940056**
 Subscriber Name : **KEITA MURAKI**
 Gender : **Male** Birthday : **Jan/19/1972**
 Effective Date : **May/01/2016** Valid Thru : **Mar/31/2022**
 Group Name : **Prestige Int'l** Group # : **13667**
 Plan : **PPO Program Medical / Dental**
 Co-Pay / Deductible : **None** Maximum : **Unlimited**
 Customer Service : **1-800-435-4126**
 Fax pre-determination to : **949-437-9691**
 Submit claims to : **Prestige International USA, Inc.**
19800 MacArthur Blvd. Suite 400, Irvine CA 92612 Attn : **NHCP**

NIPPON EXPRESS Health Care Program Insurance Card



Employer Name : **Nippon Express Healthcare Program**
 Insurance No. : **NIPPON EXPRESS USA, INC.**
 Member ID : **1111319273 / 940056**
 Subscriber Name : **SACHIKO MURAKI**
 Gender : **Female** Birthday : **Aug/22/1972**
 Effective Date : **Mar/27/2017** Valid Thru : **Mar/31/2022**
 Group Name : **Prestige Int'l** Group # : **13667**
 Plan : **PPO Program Medical / Dental**
 Co-Pay / Deductible : **None** Maximum : **Unlimited**
 Customer Service : **1-800-435-4126**
 Fax pre-determination to : **949-437-9691**
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Employer Name : **Nippon Express Healthcare Program**
 Insurance No. : **NIPPON EXPRESS USA, INC.**
 Member ID : **1111319273 / 940056**
 Subscriber Name : **AOI MURAKI**
 Gender : **Female** Birthday : **Jan/29/2007**
 Effective Date : **Mar/27/2017** Valid Thru : **Mar/31/2022**
 Group Name : **Prestige Int'l** Group # : **13667**
 Plan : **PPO Program Medical / Dental**
 Co-Pay / Deductible : **None** Maximum : **Unlimited**
 Customer Service : **1-800-435-4126**
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NIPPON EXPRESS Health Care Program Insurance Card



Employer Name : **Nippon Express Healthcare Program**
 Insurance No. : **NIPPON EXPRESS USA, INC.**
 Member ID : **1111319273 / 940056**
 Subscriber Name : **MINATO MURAKI**
 Gender : **Male** Birthday : **Mar/02/2012**
 Effective Date : **Mar/27/2017** Valid Thru : **Mar/31/2022**
 Group Name : **Prestige Int'l** Group # : **13667**
 Plan : **PPO Program Medical / Dental**
 Co-Pay / Deductible : **None** Maximum : **Unlimited**
 Customer Service : **1-800-435-4126**
 Fax pre-determination to : **949-437-9691**
 Submit claims to : **Prestige International USA, Inc.**
19800 MacArthur Blvd. Suite 400, Irvine CA 92612 Attn : **NHCP**