



KIYOMASA S TAKACHIYO

Member ID:
NCF589A68922

MED PLAN: H6J
MED OFFICE:
TORRANCE HEALTH IPA
1-310-540-1070
PCP: ELAINE C SHOJI
1-310-541-8801
DENTAL OFFICE:
LOMITA TORRANCE DENTAL OFF
1-310-539-7835

Group No: **55WAPT**
Plan Code: **040**
RxBIN/PCN/GRP: **020099/WG/WLHA**
Coverage(s):
Pharmacy - Medical
Dental Net D23H
Blue View Vision

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

Blue Cross HMO





anthem.com/ca

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.

HMO Member Services	1-800-888-8288
Help for Pharmacists	1-833-296-5039
Pharmacy Member Services	1-833-261-2460
24/7 NurseLine	1-800-700-9186
Coverage While Traveling	1-800-810-2583
Dental	1-800-627-0004
Provider Inquiries	1-800-677-6669
Vision Customer Service	1-866-723-0515

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

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07/19/19