



HIROSHI GOTA

Identification Number
XDP110A73780

Group No:	275825M001
Plan Code:	040
Rx Bin:	003858
Rx PCN:	A4
Rx Group:	WLHA

Coverage(s):
Pharmacy - Medical
Blue View Vision

Office Visit	\$20
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Blue Cross PPO
A Prudent Buyer Plan Product





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 alpha prefix that precedes the patient's identification number listed on the front of this card.

For services rendered in CA, file medical claims to: P.O. BOX 60007 LOS ANGELES, CA 90060

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

anthem.com/ca

Member Services	1-800-888-8288
Provider Services	1-800-677-6669
Pharmacist Services	1-800-824-0898
24/7 NurseLine	1-800-700-9186
Coverage While Traveling	1-800-810-2583
Pre-Authorization Review	1-800-274-7767
Vision Customer Service	1-866-723-0515

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