



Member Name: Member ID:

TOMOMI TAKEUCHI

E00347831

Benefit Plan:

040 Medical

Prudent Buyer Medical Plan Group # 175179M001

BRMS Group # 10116

For eligibility, benefits, claims, or customer service: Call BRMS at 1-800-372-0905

For Pharmacy Benefits or Help Desk Questions Contact American Health Care Customer Service: 1-800-872-8276 RXPCN: AHC RXGRP: 8266

AMERICAN HEALTH CARE

RxBIN: 610118 www.americanhealthcare.com And F DM Softer in

Pharmacy benefits provided independently by American Health Care

Members: See your benefit booklet for covered services, Possession of this card does not guarantee eligibility for benefits.

Mail California Professional Claims to: Mail California Hospital Claims to:

(Use group #10116) (Use group #175179M001)

BRMS

Prudent Buyer Plan

PO Box 2140 Folsom, GA 95763

PO Box 60007 Los Angeles, CA 90060-0007

To review your claims, log in to www.brmsclaims.com

www.Anthem.com/ca

For inputions Pre-Authorization or Pre-Service Review Providers Call: 1-809-274-7767 Pre-Authorization for Outpatient Care or any service over \$1,000 Call: 1-800-388-9767

in the event of a potentially life threatening condition, call 911. In the event of a potentiality line threatening condition, call \$11.

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