



# ANA Healthcare Program

PPO

Employer Name : **ALL NIPPON AIRWAYS CO., LTD.**

Member ID : **070113-02**

Subscriber Name : **YUKA SASE**

Customer Service : **1-833-889-1039/1-949-623-7422**

Gender : **Female**

Fax pre-determination to : **1-949-437-9691**

Effective Date : **Mar/01/2019**

Submit claims to : **Prestige International USA, Inc.** Date of Birth : **Aug/18/2011**

**19800 MacArthur Blvd, Suite 400,  
Irvine, CA 92612, U.S.A.**

Attn : **AN-HCP GROUP#:AN042018**

 **PRESTIGE INTERNATIONAL**