



We ACCEPT the following insurance cards ONLY:

If you do not have the accepted insurance: You may pay with Cash, Venmo, Credit Card or Check.

Anthem BlueCross
Anthem Bronze DirectAccess withSA cash
John Q. Member
Identification Number 123X45678
Effective Date 01/01/2016
Contract Code 003858
Rx Bin 003858
PCN 003858
Rx Group Plan 003858
Select Rx List
Dental Program: Primer
Pathway X PPO
Ded In Network 4500 Ind - 9000 Fam
Deductible Out 9000 Ind - 18000 Fam
Co-insurance In 60%
Co-insurance Out 40%

Anthem

BlueCross BlueShield
Federal Employee Program
Governmental/Service Benefit Plan
Member Name I M Sample
Member ID R99999999
www.fepblue.org
Enrollment Code 112
Effective Date 01/01/2008
Rx BIN 610239
Rx PCN FEPRX
Rx Grp 65006500

HIGHMARK myBlue Access
MEMBER IDENTIFICATION
FIRSTNAME M
LASTNAME QDA109465762001
Group 09876543
Cov Eff Date 01-01-2016
BC/BS Plan 363/865
RxGrp HMRK001
RxBin 610014
GOLD
Medical Copays
Office Visit \$40
Specialist Visit \$60
Emergency Room \$150

BlueShield Northeastern (BSNENY)

Highmark

HIGHMARK WESTERN NEW YORK
Subscriber: 01 John Q. Public
ABC 880123456
Group#: 00123456
Formulary: National Preferred
Rx Group: HNRKS
Rx Bin: 610014
PPO 898
PCP/Specialist \$10/\$10
Urgent Care \$10
Rx Copay \$5/\$10/\$25
ER \$50
IN OOP Max \$6,600/\$13,200
OON OOP Max \$2,000/\$4,000
Network PPO/EPO

BlueShield Western NY (BSWNY)

Highmark

CDPHP
CDPHP Universal Benefits, Inc.
500 Paterson Crest Blvd., Albany, NY 12206-1007
518-661-3140 1-877-268-7114
www.cdphp.com
EPO National
PLAN TYPE
Office Visit \$
Specialist \$
IP Hospital \$
OP Hosp \$
Urgent ER \$
MEMBER ID (9 characters)
SUFFIX (2 digits)
Group # 12345678
EXTENDED NETWORK
MAGNACARE Direct Plus
First Health Network
OUTSIDE NY/NJ

CDPHP

Cigna SureFit Market-specific network name
Administered by Cigna Health and Life Insurance Company
Coverage effective date: MM/DD/YYYY
Group: 00099999
Issue: 000000
ID: 123456789
Name: John Doe
PCP: Dr. James B. Johnson MD
Primary Care \$25
Specialist \$50
Urgent Care \$15
ER \$150
PCP phone: 800.999.1234
ID card acct name
RUBIN 000428 RUBCN 00000000
DOI

Cigna

Empire BlueCross BlueShield
An Anthem Company
Member Name: J
ID #: <Subscriber ID>
Group #: <Group/POS ID>
RXBIN #: 003858
RXCEN #: MA
RXGRP #: W000A
Program ID #: <XXXXXXXXXX>
Effective Date: <DD/MM/YYYY>
DOB: <DD/MM/YYYY>
Primary Care Provider (PCP):
<PCP Name>
PCP Phone #: <XXX-XXX-XXXX>

Empire BCBS or Empire BC

THE EMPIRE PLAN
NYSHIP
Copy Code A
123456789
JEANNIE EMPIRE PLAN ENROLLEE
JANE EMPIRE PLAN ENROLLEE
JOHN EMPIRE PLAN ENROLLEE
MICHAEL EMPIRE PLAN ENROLLEE
JAMES EMPIRE PLAN ENROLLEE
NEW YORK STATE HEALTH INSURANCE PROGRAM

The Empire Plan (NYSHIP)

MVP HEALTH CARE
Subscriber ID: 81234567800
JOSEPH SAMPLE
Member #: 81234567801
Member Name: EDIE SAMPLE
81234567802 JULIAN SAMPLE
Plan Type: Indemnity
Group #: 245803
Effective Date: 06/01/2009
Consequence: 20%
medco
Rx Group #: MVP-COMM Bin #: 610014

MVP

DATE PRINTED: 01/23/0123 01:23:45 PM
NEW YORK STATE
BENEFIT IDENTIFICATION CARD
ID NUMBER XX01234X
CARD NUMBER 012345 6789 0123 456 78
SEX X
DOB 01/23/0123
LAST NAME XXXXXXXX
FIRST NAME/ML XXXXXXXX
Signature
012345 ACCESS NUMBER 0123 4567 890
SEID 01

Medicaid

DATE PRINTED: 08/21/2016 02:30:03 PM
NEW YORK STATE
ID NUMBER XX00000X
CARD NUMBER 000000 0000 0000 000 00
DOB 05/03/2007
LAST NAME LSTN
FIRST NAME/ML FRST
Signature
ACCESS NUMBER 0000 0000 000 00

Medicaid

MEDICARE HEALTH INSURANCE
Name/Nombre JOHN L SMITH
Medicare Number/Número de Medicare 1EG4-TE5-MK72
Entitled to/Con derecho a HOSPITAL (PART A) Coverage starts/Cobertura empieza 03-01-2016
MEDICAL (PART B) 03-01-2016

MEDICARE

aetna
GRP: 123456-010-78910
ID: W1234 56789 -01
JANE DOE
PCP:
CHOICE POS II
MEMBER SERVICES 1-800-123-4567
PROVIDERS CALL 1-800-123-4567

Aetna

Member ID#: 123456789-00
Member Name: John Sample
PCP Name: Samuel Young MD
PCP Telephone: (123) 456-7890
Member Services: 1-888-343-3547 (TTY: 711)
www.fideliscare.org
CIN#: AB12345C
Davis Vision: 1-800-601-3383
DentaQuest: 1-800-516-9615

Fidelis

Subject to Change

Excellus Blue Choice Option
Subscriber Name TEST, THERESA
CIN # E9999999
Subscriber ID VYT 99999999
Effective Date 01/01/2017
Plan Code 302/802
Rx BIN 003858
Rx PCN MA
Rx GRP EXLSNRX
Member # Name: 00 Theresa
Date of Birth: 02/01/2000
Provider / Phone: Sample, J / 1-555-555-5555

Rx

Excellus