


Sample Card Front

TPA Name	
Member	PPO Network
Group: Company Name Group #: 00000000 Member: Member Name ID Number: 0000000000	 To find an IMS provider, call 800-353-7003 or visit www.imsppo.com
Pharmacy Plan	Copays
RXBIN: 0000000 RXPCN: ABC RXGROUP: 0000000000 PHARMACY LOGO Rx Help Desk: 1-800-000-0000 Rx Member Services: 1-800-000-0000	Medical Copay: Doctor Visit: \$30 / Specialist: \$40 Medical Coinsurance: In-Network: \$2,500 deductible, then 80% OON: \$5,000 deductible, then 50% Rx Copay Retail: Generic \$10 / Brand Form \$25 / Brand Non-Form \$50 Rx Copay Mail Order: Generic \$30 / Brand Form \$75 / Brand Non-Form \$150

Sample Card Back

Medical Claims Submission	Precertification
Mail claims to: TPA Name PO Box 000000 City, State 00000 EDI #00000 www.tpaname.com	Hospital and Surgical Pre-Authorization is required, call: 800-000-0000 prior to all surgeries and hospital admissions. Benefits are payable in accordance with the Plan document as amended. Provider bills may be audited, adjusted and/or repriced in accordance with the Plan Document, ERISA and its appeals procedures apply. THE HOLDER OF THIS CARD WILL BE HELD RESPONSIBLE FOR ANY FRAUDULENT USE AND/OR ITS USE AFTER TERMINATION. **90 day filing limitation**
Eligibility & Benefits	
ELIGIBILITY/BENEFITS: TPA Name 1-800-000-0000 www.tpaname.com	