Allwell Member ID Card Quick Reference Guide

Use this member ID card quick reference guide for Allwell Medicare patients. Key ID card elements are highlighted below to help you find the information you need for easier claims filing and effective care management.

SAMPLE CARD FRONT

Plan Name

Product Name

Plan Contract Number

Member Effective Date

allwell. FROM | absolute total care

HMO
CMS#: H0000-000
Effective: 00/00/0000

MEMBER INFORMATION
Name: Name A. Sample
Member ID#: 000000000-00
Issuer ID: (00000) 0000000000

PROVIDER INFORMATION
PCP Name: Name Sample, MD
PCP Phone: 000-000-0000

PHARMACY INFORMATION
MedicareRx
Prescription Drug Coverage

RxClaims Processor:
Rx Processor Name®
RXBIN: 000000
RXPCN: XXXXXXX
RXGRP: RX0000

Member Information

Provider Information

Pharmacy Claims Filing Information

SAMPLE CARD BACK

Eligibility Confirmation

Part D Drug Claims Address

FOR MEMBERS
Member Services: 1-000-000-0000 (TTY: 711)
24-hr Nurse Advice: 1-000-000-0000
https://allwell.stateplan.com

FOR PROVIDERS
For eligibility: 1-000-000-0000
Prior authorization or case management
referrals: 1-000-000-0000
Pharmacy prior auth: 1-000-000-0000
For help: (PHARMACY USE ONLY)   1-000-000-0000

MEDICAL CLAIMS   EDI Payor   Allwell–Attn: Claims
                      ID: 00000   P.O. Box 0000 Anytown, ST 00000-0000

FOR EMERGENCIES
Dial 911 or go to the nearest Emergency Room (ER).

Submit Part D Drug Claims to:
Allwell–Attn: Pharmacy Claims
P.O. Box 000000
Anytown, ST 00000-0000

Prior Authorization or Case Management

Pharmacy Prior Authorization

Medical Claims Address

Please contact Provider Services for additional assistance by calling: **1-855-766-1497 (TTY: 711)**
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