




New Member ID Card Samples



ID Cards Effective 1/1/18

Sample: Commercial HMO

		<p><firstname><lastname><suffix> ID# <920003456789*01> DOB: <MM/DD/YY> Effective: <MM/DD/YY> Account: <Account Name> Account #: <Account #></p>
<p>Primary Care Physician: <First Name> <Last Name> <XXX-XXX-XXXX></p>	<p>Deductible: <\$x,xxx></p>	
<p>Plan Medical Group: <Affiliated Network></p>	<p>Cost Share:</p> <p>PCP <\$xx or xx%> Specialist <\$xx or xx%> Hospital <\$xx or xx%> Urgent Care <\$xx or xx%> ER <\$xx or xx%></p>	
<p>Network: <Network></p>		
<p>Please visit sharphealthplan.com for member questions.</p>		

<p>Member Questions: 1-800-359-2002</p>	<p>IMPORTANT: Sharp Health Plan only covers care by Plan Providers, except for emergency services and out of area urgent care. Contact your Primary Care Physician for all other services.</p>
<p>Pharmacy Questions: MedImpact: 1-800-788-2949 PCN# 56900</p>	
<p>Mental Health Questions: BIN# 003585 1-800-359-2002</p>	
<p>Provider Questions: 1-800-359-2002</p>	
<p>Medical Claims: PO Box 939036 San Diego, CA 92193</p>	
<p>Please visit sharphealthplan.com for member questions.</p>	

Sample: Point of Service (POS)

<p><first name> <last name> <suffix> ID# <920003456789*01> DOB: <MM/DD/YY> Account: <Account Name> Account #: <Account #></p>		<p>Point of Service (POS) Effective: <MM/DD/YY></p>
 <p>Tier 1: HMO Benefit Level</p>	<p>Network By </p>	
<p>Primary Care Physician: <First Name> <Last Name> <XXX-XXX-XXXX></p>	<p>Deductible: <\$x,xxx></p>	<p>Tier 2: Open Choice PPO Network</p>
<p>Plan Medical Group: <Affiliated Network></p>	<p>Cost Share:</p> <p>PCP <\$xx> Specialist <\$xx> Hospital <\$xx> Urgent Care <\$xx> ER <\$xx></p>	<p>Deductible: <\$x,xxx></p>
<p>Network: <Network></p>		<p>Cost Share:</p> <p>PCP <\$xx> Specialist <\$xx> Hospital <\$xx> Urgent Care <\$xx> ER <\$xx></p>
<p>Please visit sharphealthplan.com for member questions.</p>		

<p>Member Questions: 1-844-483-9011</p>	<p>IMPORTANT: Emergency services and out of area urgent care services are covered without Prior Authorization. For urgent care in San Diego or Southern Riverside, call your Primary Care Physician.</p>
<p>Pharmacy Questions: MedImpact: 1-800-788-2949 PCN# 56900 BIN# 003585</p>	
<p>Mental Health Questions: 1-844-483-9011</p>	<p>Some HMO Benefit Level services require Prior Authorization. See your Primary Care Physician for information. Other services may require Precertification. Failure to obtain Precertification will result in reduced coverage. See your Health Plan Benefits and Coverage Matrix to determine which services require Pre-certification.</p>
<p>Provider Questions: 1-844-483-9012</p>	
<p>Sharp Health Plan and Aetna Medical Claims: PO Box 939036 San Diego, CA 92193</p>	
<p>Please visit sharphealthplan.com for member questions.</p>	