

SAMPLE ID CARD



BlueCross BlueShield
of Texas

Blue EssentialsSM

FRONT

ALPHA PREFIX

TDI INDICATES FULLY INSURED MEMBER

NETWORK ID

PRIMARY CARE PROVIDER (PCP) NAME & PHONE #

PCP PORG (IF APPLICABLE)

BlueCross BlueShield of Texas
An Independent licensee of the Blue Cross and Blue Shield Association

HMO

Subscriber Name: **ABC SAMPLE**
 Identification Number: **ZGZ123456789**
 Group Number: **123456**
 Member Effective: **01/01/10**

HMO **TDI**
PCP: SORAB M ITALIA DO
281-558-6700 01/01/17

Office Visit **\$10**
 Emergency Room **\$100**
 Specialist **\$30**
 RX Copay **\$15/\$35/\$50**

RxBIN: 011552
 RxPCN: BCTX

BACK

www.bcbstx.com

BlueCross BlueShield of Texas

Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD).
 Claims should be mailed to: Blue Cross Blue Shield of Texas, P.O. Box 660044, Dallas, TX 75266-0044.

Customer Service **1-877-299-3377**
 Guest Member **396**
 Preauth-Medical **SAMPLE 188**
 Preauth-MH/CD **122**
 Blue Card Access **583**
 Provider Service **1-800-676-2583**

BlueCross BlueShield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the BlueCross BlueShield Association.

Pharmacy Benefits Manager