



## ACCEPTED Insurance Cards

**COMMUNITY HEALTH PLAN**  
of Washington™

**Name** JOHN M SAMPLE  
**Member #** 12345678 01  
**Plan** Washington Apple Health  
**Group** Apple Health - Family  
**Clinic (PCP)** Clinic XYZ  
**Clinic Phone** 555-555-5555  
**Copayment** OV \$0 / ER \$0 / RX \$0  
**RxBin** 003858  
**RxGroup** CHWA  
**State ID#** 200000000WA

**EXPRESS SCRIPTS®**

Please see back of card for important information.

**coordinated care.** **Washington Apple Health**

RXBIN: 004336  
 RXPCN: MCAIDAN/  
 RXGRP: RXS435

**NAME:**  
**MEDICAID ID#:**  
**MEMBER ID#:**  
**DOB:**

If you have an emergency, call 911 or go to the nearest emergency room (ER).  
 Emergency services by a provider not in the plan's network will be covered without prior authorization. CoordinatedCareHealth.com

**Member:**  
JANE DOE

**Identification #:** 110000000000 **Date of Birth:** 10/25/1990 **Client ID:** 100000000WA

**Program:** AH (Apple Health)  
**PCP Name:** TONJA L JONES **PCP Eff:** 06/01/2018  
**PCP Phone:** (360)538-1293 **Auth:** (800) 869-7165  
**PCP Location:** SEANAR ABERDEEN MEDICAL

**Member Services:** (800) 869-7165 / TTY 711  
 Molina Healthcare Virtual Care:  
 (844) 870-6821 / TTY 711 or go to  
 wavirtualcare.molinahealthcare.com

RxBIN: 004336  
 RXPCN: ADV  
 RXGRP: RXS440

**UnitedHealthcare** | Community Plan **Washington Apple Health**

Health Plan (80840) **911-87726-04**

**Member ID:** 000000000 **Group Number:** WAHLOP

**Member:**  
MEMBER NAME **Payer ID:** 87726

**PCP Name:**  
**PROVIDER NAME**  
**PCP Phone:** (000)000-0000

**PROVIDER ADDRESS**  
 CITY, STATE, ZIP

**OPTUMRx™**  
 Rx Bin: 610494  
 Rx GRP: ACUWA  
 Rx PCN: 9999

0501 Apple Health - Family Coverage  
 Administered by UnitedHealthcare of Washington, Inc.

**Wellpoint** **Washington Apple Health + Behavioral Health**  
 Wellpoint Washington, Inc.

**Effective Date:**  
**Date of Birth:**  
**Subscriber #:** 123456789

**wellpoint.com/wa/medicaid**  
 Washington Apple Health + Behavioral Health  
 Wellpoint Washington, Inc.

**Member Name:** JOHN Q SAMPLE  
**Medicaid or CHIP ID Number:**  
**Primary Care Provider (PCP):**  
**PCP Telephone #:**  
**PCP Address:**  
**Clinic/Group:**  
**Vision:** 1-855-225-2640  
**Member Services and Behavioral Health:** 1-833-731-2167  
**Crisis Hotline:**  
**24-hour Nurse HelpLine:** 1-866-864-2544  
**Pharmacy Member Services:** 1-833-207-3121

**Washington Apple Health**

## REJECTED Insurance Cards

