



Member Name: TOM, TW A

Member ID: 123400000001

Health Plan(80840): 80840

PCP Name: Test

PCP Phone: 1234567890

MEMBER CANNOT BE CHARGED

Copays : \$0 for doctor visits, hospital stays and prescription drugs

H2533-001

RXBIN: 004336

RXPCN: MEDDADV

RXGRP: RX5005

RXID: 123400000001

MedicareRx
Prescription Drug Coverage

[MyMolina.com](https://www.MyMolina.com)

Carry this card with you at all times and present it each time you receive a service from your doctor, pharmacy, dentist, etc.

Member Services: (855) 735-5831 TTY 711

Behavioral Health: (888) 275-8750

Pharmacy Help Desk: (866) 693-4620

Nurse Advice Line: (888) 275-8750

Website: www.MolinaHealthcare.com/Duals

Send Claims To: P.O. Box 22664, Long Beach, CA 90801
EDI Submissions: Payer ID: 46299

Claim Inquiry: (855) 735-5831

MolinaHealthcare.com/Duals