

## Front Image of ID Card



An Independent Licensee of the Blue Cross Blue Shield Association

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Member ID #: 123456789  
Member Name: John Q Sample  
Health Plan (80840)  
RxBIN: 004336  
RxPCN: MEDDADV  
RxGRP: RX8748  
H5587\_002

MedicareRx  
Prescription Drug Coverage X

## Back Image of ID Card

Send Medical Claims to:  
Health Choice Pathway (HMO D-SNP)  
PO Box 52033  
Phoenix, AZ 85072-2033

**Member Services: 1-800-656-8991, TTY 711**  
**Hours of Operation: 8 a.m. to 8 p.m., 7 days a week**  
**CVS Pharmacy Help Desk: 1-866-693-4620**  
**Pharmacy Prior Auth and Appeals Fax: 1-877-424-5690**  
**24/7 Nurse Advice Line: 1-855-458-0622**  
**[www.HealthChoicePathway.com](http://www.HealthChoicePathway.com)**

Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of law. This card is not a guarantee for services. To verify benefits, call Member Services at the number above. Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona.