

CareSource Member ID Cards

This sheet can be used as a quick reference guide of a CareSource ID card.

The member ID card is used to identify a CareSource member; it does not guarantee eligibility or benefits coverage. Members may disenroll from CareSource and retain their previous ID card. Please verify member's eligibility prior to each service rendered.

You can use our secure Provider Portal on **CareSource.com** or call Health Partner Services at **1-800-488-0134** or **1-844-679-7865 (Medicare Advantage only)** to check member eligibility.

Ohio Medicaid Member ID Card


Health Care with Heart

Member Name
Mary Doe

CareSource Member ID #: 12345678900

MMIS #: 987654321000 **Case #:** 7654321000

Primary Care Provider/Clinic Name:
Good, lam A.

Provider/Clinic Phone: (937) 123-4567

Member Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)

24-Hour Nurse Line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)

**THIS CARD IS FOR IDENTIFICATION ONLY
AND DOES NOT VERIFY ELIGIBILITY.**

MEMBER: Show your ID card to medical providers BEFORE you receive care. Never let anyone else use your ID card. In case of emergency, call 911 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your primary care provider or call our 24-hour toll-free nurse advice line (see front of card for phone number).

HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit www.CareSource.com or call **1-800-488-0134** to access this information. Authorization required for inpatient admission.

MAIL MEDICAL CLAIMS TO: CareSource, P.O. Box 8730, Dayton, OH 45401-8730

PHARMACY: Providers call 1-800-488-0134


BENEFITS MANAGER: CVS Caremark
RxBIN 004336 FxPCN MCAIDOH RxGRP RX0797

www.CareSource.com

CareSource's Marketplace ID Card

Silver Dental and Vision

OH



2017

<p>Member: John Doe</p> <p>Member ID: 14800000000-00</p> <p>Health Plan (XXXXX) XXX-XX-XXXX</p> <p>Payer ID: 31114</p>	<p>Dependents: 01 Jane Doe 02 John Doe 03 Mike Doe 04 Ron Doe 05 Susan Doe 06 Sara Doe 07 Joe Doe 08 Sam Doe</p>
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Office: \$/%*
ER: \$/%*
Spec: \$/%*
UrgCare: \$/%*

MISC-OH(2017) *after deductible

CareSource.com/marketplace

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.


Members: 1-800-479-9502 (TTY: 1-800-750-0750 or 711)

24/7 Nurseline: 1-866-206-4240	Providers: 1-800-488-0134	Pharmacy: 1-800-488-0134
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Medical Claims: P.O. Box 8730 Dayton, OH 45401-8730	Benefits Manager: CVS Caremark
Pharmacy Claims: CVS Caremark P.O. Box 52136 Phoenix, AZ 85072-2136	Pharmacy Numbers: RxBin: 004336 RxPCN: ADV RxGrp: RX3156

CareSource is a Qualified Health Plan Issuer on the Health Insurance Marketplace


CareSource Medicare Advantage Member ID Card



CareSource Advantage (HMO)

OH

<p>Member Name: John Doe</p> <p>Member ID#: 12345678900</p> <p>Health Plan: (80840) XXX-XX-XXXX</p> <p>Payer ID: XXXXX</p>	<p>Effective Date: 01/01/2016</p> <p>RxBIN: 004336</p> <p>RxPCN: MEDDADV</p> <p>RxGRP: RX5055</p>
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Copays:	ER: \$XX.XX	CMS: XXXXX-XXX
Office: \$XX.XX	UrgCare: \$XX.XX	

CareSource.com/Medicare

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, use the website or call:

Members: 844-607-2827 TTY: 800-750-0750


24/7 Nurseline: 866-206-0569	Pharmacy: 844-679-7865
Providers: 844-679-7865	Pharmacy Benefits Manager: CVS Caremark

Medical Claims: P.O. Box 8730 Dayton, OH 45401-8730	Pharmacy Claims: CVS Caremark P.O. Box 52136 Phoenix, AZ 85072-2136
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OH

Ohio Medicaid Coordinated Services Program (CSP)

Member Name:
 xxxxxxxx
CareSource Member ID #: xxxxxxxx
MMIS #: xxxxxxxx **Case #:** xxxxxxxx
Primary Care Provider/Clinic Name:
 xxxxxxxx
Provider/Clinic Phone: xxxxxxxx
Member Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)
24-Hour Nurse Line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)



Coordinated Services Program

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AND DOES NOT VERIFY ELIGIBILITY**

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HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit www.CareSource.com or call **1-800-488-0134** to access this information. Authorization required for inpatient admission.

MAIL MEDICAL CLAIMS TO: CareSource, P.O. Box 8730, Dayton, OH 45401-8730

PHARMACY: Providers call 1-800-488-0134

www.CareSource.com

CareSource MyCare Ohio (Medicare-Medicaid Plan) Member ID Card


 Connecting Medicare+Medicaid




Member Name: <Cardholder Name>
Member ID #: <Cardholder ID#>
Health Plan (80840)
MMIS Number: <Medicaid Recipient ID#>
PCP Name: <PCP Name>
PCP Phone: <PCP Phone>
 H8452 - 001


 Prescription Drug Coverage
RxBin: 004336
RxPCN: MEDDADV
RxGRP: RX5045

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Member Service:	1-855-475-3163 (TTY: 1-800-750-0750 or 711)	Eligibility Verification:	1-800-488-0134
Behavioral Health Crisis:	1-866-206-7861	Pharmacy Help Desk:	1-800-488-0134
Care Management:	1-855-475-3163	Claims Inquiry:	1-800-488-0134
24-Hour Nurse Advice:	1-866-206-7861 (TTY: 1-800-750-0750 or 711)	Provider Questions:	1-800-488-0134
Website:	CareSource.com/MyCare		
Mail medical claims to:	CareSource Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8738	Mail pharmacy claims to:	CVS Caremark P.O. Box 52066 Phoenix, AZ 85072-2066

CareSource MyCare Ohio Medicaid-Only Member ID Card


 Connecting Medicare+Medicaid


Member Name: <Cardholder Name>
Member ID #: <Cardholder ID#>
MMIS Number: <Medicaid Recipient ID#>
PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

RxBin: 004336
RxPCN: ADV
RxGRP: RX3292

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Member Service:	1-855-475-3163 (TTY: 1-800-750-0750 or 711)		
Behavioral Health Crisis:	1-866-206-7861 (TTY: 1-800-750-0750 or 711)		
Care Management:	1-855-475-3163 (TTY: 1-800-750-0750 or 711)		
24-Hour Nurse Advice:	1-866-206-7861 (TTY: 1-800-750-0750 or 711)		
Provider/Pharmacy Questions:	1-800-488-0134		
Website:	CareSource.com/MyCare		
Mail medical claims to:	CareSource Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8738	Mail pharmacy claims to:	CVS Caremark P.O. Box 52066 Phoenix, AZ 85072-2066