EmblemHealth

**PPO**

MEMBER: **SAMPLE MEMBER**
ID NUMBER: **K1234567801**

Network **NATIONAL**

Copay: **PCP $** **SPEC $** **ER $**

**RxBIN#: 013865**

CBP

QUALCARE

POSSESSION OF THIS CARD DOES NOT CERTIFY COVERAGE **emblemhealth.com**

**MEMBERS AND PROVIDERS:** Precertification is required for all nonemergency hospital admissions and outpatient surgery. To precertify an admission or outpatient surgery and to notify us after an emergency hospital admission, call **877-482-3625**.
Customer Service: **877-VIA-EMBLEM** (**877-842-3625**) **(TTY:711)**
Pharmacy Service (Members/Providers): **877-RXEMBLEM (877-793-6253) (TTY:711)**
Emblem Behavioral Health Services: **800-692-2489**
24-Hour Nurse Advice Line: **877-444-7988**
Submit electronic claims to (Payer ID No. 13551)
Submit paper claims to the appropriate address listed below:

**Subscribers**: EmblemHealth, PO Box 3000, New York, NY 10116
**Providers**: EmblemHealth, PO Box 2832, New York, NY 10116
**Hospitals**: EmblemHealth, PO Box 2833, New York, NY 10116
**Behavioral Health:** Emblem Behavioral Health, PO Box 1850, Hicksville, NY 11802

MultiPlan

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