Insure HC

Group ID: DIVHEALTH Member ID: 300001001 Processor: NetCard Systems

BIN #008878



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- 01 = Member
- 02 = Spouse 03 = Dependent, etc.
- Pharmacist Help Desk: 888 886 5822

PROVIDER

Physician and Dental Provider: To verify eligibility and for patient responsibility call 888.767.2469

The patient is responsible for the entire discounted cost at the time of service.

Vision Provider: To verify eligibility call 888.203.6662

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