

MEDRANO, MANUEL



Give Feedback

PO BOX 1713
SAN JOAQUIN, CA 93660

Member Status	Date of Birth	Gender	Current Plan Effective Date	Relationship to Subscriber
Active Coverage	Feb 1, 1963	Male	May 1, 2021 - Dec 31, 9999	Self

- Check Claim Status
- Total Member View
- Member ID Card
- View Member's Language Preference
- Certificate of Coverage
- Patient Attribution

Member ID:	XDJ95946533E
Contract Code / Case Number:	SS53
Issue Number:	WF
Group Number:	1188XT
Group Name:	FRESNO/MEDI-CAL/LIHP
Plan Number:	040
Certification Date:	Dec 1, 2025



Payer: ANTHEM BLUE CROSS

Other or Additional Payer Information

No additional payer information provided.

Messages

MEMBER BENEFIT PLAN ONLY COVERS URGENT, EMERGENCY, AND/OR CA MEDI-CAL SENSITIVE SERVICES OUTSIDE OF THE ANTHEM BLUE CROSS MEDI-CAL PARTICIPATING PROVIDER NETWORK IN CALIFORNIA. IF SERVICE RENDERED IS NOT DEEMED URGENT/EMERGENT AND/OR SENSITIVE, SERVICE MAY NOT BE COVERED.

▼ Provider Information

Requesting Provider Name: UNITED PHYSICIANS NETWORK Category: Requesting Provider NPI: 1770167231	Services Restricted to Following Provider Name: KERMAN HEALTH CENTER/LASALLE/FQHC Category: Services Restricted to Following Provider NPI: 1962567388 Primary Care Provider Start Date: Dec 1, 2024 Primary Care Provider End Date: Dec 31, 9999 449 S MADERA AVE KERMAN, CA 93630 Contact Information P: 559-364-2970	Services Restricted to Following Provider Name: UHC KERMAN UPN/FQHC Category: Services Restricted to Following Provider Type: Primary Care Provider NPI: 1710196670 Primary Care Provider Start Date: Aug 1, 2024 Primary Care Provider End Date: Dec 1, 2024 517 S MADERA AVE KERMAN, CA 93630 Contact Information P: 559-846-6330
Services Restricted to Following Provider Name: SAN JOAQUIN HEALTH CENTER/LASALLE/FQHC Category: Services Restricted to Following Provider Type: Primary Care Provider NPI: 1598821027 Primary Care Provider Start Date: May 1, 2021 Primary Care Provider End Date: Aug 1, 2024 21890 W COLORADO AVE SAN JOAQUIN, CA 93660 Contact Information P: 559-693-2462		

FILTER BY NETWORK

Out of Network In Network All Networks

Plan Maximums and Deductibles

▼ Health Benefit Plan Coverage- 30

Active Coverage

Insurance Type: Medicaid

Plan / Product: MEDI-CAL

Coverage Level: Individual

Benefit Descriptions
Network Not Applicable

Benefit Start Date: Jan 1, 2023
Benefit End Date: Dec 31, 9999

- THIS PATIENT FALLS UNDER THE DEPARTMENT OF MANAGED HEALTH CARE OVERSIGHT

- FULLY INSURED

Benefit Disclaimer

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.