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<b>MAYA SAMET</b>	
Member ID: <b>MRV422M84818</b>	<b>High Deductible Health Plan</b>
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Group No: <b>1872FS</b> Plan Code: <b>040</b> RxBIN: <b>020099</b> RxPCN: <b>WG</b> RxGRP: <b>WLHA</b> Coverages: <b>Pharmacy - Medical</b>	
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<div>HSA PLAN</div> <div> Rx</div>	



Members:

When submitting inquiries, always include your ID number from the face of this card. Possession or use of this card does not guarantee payment.

Providers:

Please submit claims to your local Blue Plan. To ensure prompt claims processing, please include the 3-digit prefix that precedes the patient ID number listed on the front of this card.

Claims & Inquiries:

Anthem Blue Cross  
P.O. Box 60007  
Los Angeles, CA 90060-0007

[anthem.com/ca](http://anthem.com/ca)

Member Services

Provider Services

Pharmacy Member Services

Help for Pharmacists

Coverage While Traveling

Pre-Certification

1-877-898-0739

1-877-898-0739

1-833-261-2462

1-833-296-5039

1-800-810-2583

1-866-470-6244