


## Search Results

Verification Number: 1023828 on 08/24/2020 at 9:40 AM

 IEHPID » 40000037133300    DOS: 08/24/2020

 [Medical History Record \(/eligibility/health-record\)](#)



<b>Member</b>	<a href="#">Valencia, Aurelia (/eligibility/member-details)</a>
<b>IEHP ID</b>	40000037133300
<b>Status</b>	ELIGIBLE on 08/24/2020
<b>CIN</b>	93237377A
<b>Gender</b>	Female
<b>DOB</b>	09/25/1956
<b>Aid Code</b>	M1
<b>County</b>	San Bernardino
<b>Plan</b>	Medi-Cal
<b>Co-Pay</b>	\$0.00
<b>Medi-Cal Eff. Date</b>	08/01/2019



<b>PCP</b>	<a href="#">Irma Lopez (/eligibility/pcp-details)</a>
<b>NPI</b>	1538240908
<b>PCP Phone</b>	(909) 391-3423
<b>Eff. Date with PCP</b>	03/01/2020
<b>Thru</b>	
<b>Lab</b>	LabCorp
<b>IPA</b>	<a href="#">Alpha Care Medical Group (/eligibility/ipa-details)</a>
<b>Hospital</b>	<a href="#">POMONA VALLEY HOSPITAL MEDICAL CENTER (/eligibility/hospital-details)</a>

## Billing Disclaimer

- Eligibility information provided is current as of **08/24/2020**.
- This information does not constitute approval or referral of any service. Please contact the Member's PCP for referral.
- Please verify the existence of other health coverage by clicking on the AEVS link. In most instances, IEHP is secondary to Other Health Coverage (OHC), including Medicare. The claim must first be billed to the OHC. When billing IEHP as the secondary payer, the primary OHC explanation of benefits or claim denial notice must be included. EDI submitters can include the primary payment information in the electronic claim submission.

### Claims mailing address for IEHP Direct Members:

Inland Empire Health Plan – Claims  
P.O. Box 4349

Rancho Cucamonga, CA 91729

### Claims appeals and disputes mailing address for IEHP Direct Members:

Inland Empire Health Plan – Claims Appeals and Disputes  
P.O. Box 4319

Rancho Cucamonga, CA 91729