


## Search Results

Verification Number: 11463675 on 08/19/2020 at 11:04 AM

 IEHPID » 20161100616200    DOS: 08/19/2020

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



<b>Member</b>	Burks, Tammie ( <a href="/eligibility/member-details">/eligibility/member-details</a> )
<b>IEHP ID</b>	20161100616200
<b>Status</b>	ELIGIBLE on 08/19/2020
<b>CIN</b>	91663571A
<b>Gender</b>	Female
<b>DOB</b>	06/19/1985
<b>Aid Code</b>	M3
<b>County</b>	San Bernardino
<b>Plan</b>	Medi-Cal
<b>Co-Pay</b>	\$0.00
<b>Medi-Cal Eff. Date</b>	02/01/2017



<b>PCP</b>	<a href="/eligibility/pcp-details">Irma Lopez (/eligibility/pcp-details)</a>
<b>NPI</b>	1538240908
<b>PCP Phone</b>	(909) 391-3423
<b>Eff. Date with PCP</b>	12/01/2017
<b>Thru</b>	
<b>Lab</b>	LabCorp
<b>IPA</b>	<a href="/eligibility/ipa-details">Alpha Care Medical Group (/eligibility/ipa-details)</a>
<b>Hospital</b>	<a href="/eligibility/hospital-details">POMONA VALLEY HOSPITAL MEDICAL CENTER (/eligibility/hospital-details)</a>

### Billing Disclaimer

- Eligibility information provided is current as of **08/19/2020**.
- This information does not constitute approval or referral of any service. Please contact the Member's PCP for referral.
- In some instances, IEHP Members may have other primary health coverage through another health insurance plan not listed on the IEHP website. To verify other health coverage, please click on the [AEVS \(https://www.medi-cal.ca.gov/Eligibility/Login.asp\)](https://www.medi-cal.ca.gov/Eligibility/Login.asp) link.

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