


## Search Results

Verification Number: 15113510 on 06/22/2020 at 2:34 PM

 IEHPID » 20171000700500    DOS: 06/22/2020

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



<b>Member</b>	<a href="#">Rutilo, Claudia (/eligibility/member-details)</a>
<b>IEHP ID</b>	20171000700500
<b>Status</b>	<b>ELIGIBLE</b> on 06/22/2020
<b>CIN</b>	99008852G
<b>Gender</b>	Female
<b>DOB</b>	04/13/1991
<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>	10/01/2017



<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>	12/01/2017
<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 **06/22/2020**.
- 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>) 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