

Search Results

Verification Number: 1444848 on 08/18/2020 at 2:02 PM

 IEHPID » 20140101141000 DOS: 08/18/2020

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



Member [Leon, Monica \(/eligibility/member-details\)](/eligibility/member-details)
IEHP ID 20140101141000
Status **ELIGIBLE** on 08/18/2020
CIN 92672274C
Gender Female
DOB 03/11/1973
Aid Code M1
County San Bernardino
Plan Medi-Cal
Co-Pay \$0.00
Medi-Cal Eff. Date 02/01/2017



PCP [Irma Lopez \(/eligibility/pcp-details\)](/eligibility/pcp-details)
NPI 1538240908
PCP Phone (909) 391-3423
Eff. Date with PCP 12/01/2017
Thru
Lab LabCorp
IPA [Alpha Care Medical Group \(/eligibility/ipa-details\)](/eligibility/ipa-details)
Hospital [POMONA VALLEY HOSPITAL MEDICAL CENTER \(/eligibility/hospital-details\)](/eligibility/hospital-details)

Billing Disclaimer

- Eligibility information provided is current as of **08/18/2020**.
- 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