



PPO/NAP

MEMBER ID#:

GROUP #: 0863946-010-00200

PATIENT SURNAME:

PATIENT FIRST NAME:

PATIENT DATE OF BIRTH:

Annual Deductible:

EFFECTIVE DATE:

30 - 60 Day Pharmacy Co-Pay:

\$10 Generic

\$20 Preferred Brand Name

\$40 Non- Preferred Brand Name

GBG Assist (24/Hours)

For Eligibility, Verification of Benefits
Prior Authorization, Claim Status
and Medical Assistance



USA/Canada Toll Free: 1-866-914-5333
Collect Outside the USA 905-669-4920

Providers Submit Claims to:

AETNA
PO BOX 30259
TAMPA, FL 33630-3547

Payor ID#: 60054

90 Day Filing Limit

PROVIDER SERVICES: 1-800-414-0596

Pharmacy Services:

Customer Service: 1-866-259-0798
Pharmacy Help Desk: 1-800-364-6331



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| RxBIN #: | 004336 |
| PCN: | ADV |
| RxGRP #: | RX1923 |
| RxID #: | |