



ID card(s) for: ALLYSON KRUPAR


Member ID: 905691243

Note: Changes to your policy may result in the generation of new ID cards. There may be a slight delay between mail delivery of your new ID cards(s) and display of those cards in this online view.



Member Name ALLYSON M KRUPAR	OPEN ACCESS
Member ID JHZ905691243	PCP Name RASHID, KHURRAM
Group 21AP	
RxBIN 004336 RxPCN ADV RxGrp RX7546 BCBS Plan 080/580	PS10 S520 CC310 UC580 ER5100 080 RX





www.carefirst.com
 Member Service: 844-309-7479

Providers must submit all Medical claims to the local Blue Cross and Blue Shield Plan. Local CareFirst Medical & All Dental providers mail to:

Mail Administrator
PO Box 14116 (for Medical claims)
PO Box 14115 (for Dental claims)
PO Box 14114 (for correspondence)
Lexington, KY 40512

This employee benefit plan provides benefits to you and your eligible dependents.

Provider Claims and Benefits: 800-842-5975
Hospital Precert: 866-773-2884
Mental Health/Substance Abuse: 800-245-7013
24hr FirstHelp: 800-535-9700

To locate Participating Providers outside the CareFirst BlueCross BlueShield service area, call **800-810-2583**

Pharmacy Services
Providers: 888-850-4999
Members: 800-241-3371
DH - 888-833-8464 or 410-847-9060

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DN - Refer to Member Services number

IDC0086-1S (10/13)

Pharmacy benefits provided through CVS Caremark

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