

BLUE ACCESS



Anthem. BlueCross BlueShield

PROVIDERS: Please file medical claims with the local Blue Cross and/or Blue Shield Plan in state where services are provided. When Medicare is primary (including Med. Sup. Polices), file first with Medicare in the state where services were provided.

NOTICE:Precertification or preauthorization does NOT guarantee coverage for or the payment of the service or procedure reviewed. Possession of this card does not guarantee eligibility for benefits.

MEDICAL CLAIMS & INQUIRIES: PO BOX 105187, ATLANTA, CA 30348-5187 VISION CLAIMS & INQUIRIES: PO BOX 8504 MASON, OH 45040-7111 DENTAL CLAIMS & INQUIRIES: P.O. BOX 188 MINNEAPOLIS, MN 55440-0188

Issued Date: 08/19/21

anthem.com

| Member Services | 1-844-412-0752 |
Travel Coverage | 1-800-810-2583 |
Provider Services | 1-800-676-2583 |
Pre-Authorization | 1-844-412-0752 |
Help for Pharmacists | 1-834-296-5039 |
Pharmacy Member Services | 1-833-267-2133 |
Vision Customer Service | 1-867-23-0515 |
Dental Customer Service | 1-877-604-2142 |
474 NurseLine | 1-844-545-1429 |
Med Evac and Repatriation |
Iivehealthonline.com | 1-855-873-3555 |

*Contracts directly with group

Anthem Blue Cross and Blue Shield is the trade name of
Anthem Insurance Companies, Inc. Independent
licensee of the Blue Cross and Blue Shield Association.
FULLY INSURED

<u>110</u>€ 1X



SOHAA SUDHAU MUTSADDI

Member ID: SA2011753

Group No: IN2233D001
Plan: 131
Coverage(s): 131
Dental Complete
Blue View Vision



anthem.com

Dental/Grid+ Services
Vision Customer Service: 1-844-729-1565
1-866-723-0515

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DENTAL CLAIMS & INQUIRIES: PO BOX 188 MINNEAPOLIS MN 55440 VISION CLAIMS & INQUIRIES: P.O. BOX 8504 MASON OH 45040-7111

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