



H5613 002

SmartFund MSA

Member Name

**LINDA L KEARNS**

Member ID Number

**800143030 00**

RxBIN: 004336

RxPCN: ADV

RxGRP: MVPCOMM

Annual Deductible: \$8,000

**mvphealthcare.com**

Medicare Customer Care Center: **1-800-665-7924**

TTY: **1-800-662-1220**

Pharmacy Info: **1-866-808-7084** | TTY 711

Provider Services Department: **1-800-684-9286**

Pharmacists | CVS Caremark: **1-800-364-6331**

**mvphealthcare.com/providers**

**Send Claims to:**

MVP Health Plan, Inc.

625 State Street

P.O. Box 2207

Schenectady, NY 12301-2207

**Prescription Claims to:**

CVS Caremark

P.O. Box 52136

Phoenix, AZ 85072-2136

MVP will pay Medicare providers according to Medicare fee schedule. Medicare Limiting Charges apply to non-contracted providers and out-of-network services. DO NOT bill Original Medicare. MVP SmartFund MSA does not provide Part D prescription drug coverage.