



**SIDDARTHA PULLAKHANDAM**

Member ID:

**W6QMS0016231**

Group No: **L05538MW14**

Rx Bin: **020099**

Rx PCN: **WG**

Rx Group: **WL6A**

Pediatric Dental/Vision covered to 19yrs

Coverage(s):

Pharmacy - Medical

For detailed benefit information  
including Deductible and Out of Pocket  
maximums, please visit [anthem.com](http://anthem.com)

BLUE PREFERRED



[anthem.com](http://anthem.com)

**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. Policies), file first with Medicare in the state where services were provided.

Possession of this card does not guarantee eligibility for benefits.

Anthem Providers submit claims at:  
[www.availity.com](http://www.availity.com)

Member Services	<b>1-833-332-0798</b>
Provider Services	<b>1-833-332-0798</b>
Travel Coverage	<b>1-800-810-2583</b>
Help for Pharmacists	<b>1-833-296-5039</b>
Pharmacy Member Services	<b>1-833-267-2133</b>
24/7 NurseLine	<b>1-844-545-1429</b>
Evacuation & Repatriation	<b>1-833-511-4763</b>

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross and Blue Shield of Wisconsin (BCBSWI), CompCare Health Services Insurance Corporation (CompCare) and Wisconsin Collaborative Insurance Company (WCIC). BCBSWI underwrites or administers PPO and indemnity policies and underwrites out of the network benefits in POS policies offered by CompCare or WCIC; CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies independent licensees of the Blue Cross and BlueShield Association.

Issued Date: 08/10/22

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By accepting this card and any benefits to which this card entitles you, you acknowledge that the agreement pursuant to which this card is issued constitutes a contract solely between you or your employer and company identified on the card, an independent corporation operating under a license from the Blue Cross and Blue Shield Association that permits the company to use the Blue Cross and/or Blue Shield name[s] and Service Marks in the state in which they operate.