

# 2024 Alignment Health Member ID Card

In 2024, Arizona Priority Care (AZPC) is fully delegated for Alignment Healthcare's Heart & Diabetes (HMO C-SNP), Heart & Diabetes Plus (HMO C-SNP), The ONE+ Walgreens (HMO), and smartHMO (HMO) plans. All prior authorizations and claims are to be sent directly to AZPC.


For eligibility verification, please visit:  
<https://www.ahcusaweb.com/ProviderWeb/Login.aspx>

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**[PLAN NAME HMO]**

<b>Member:</b> [Member Name] <b>Member ID:</b> [000123456789] PCP Name: [Doctor Name] PCP Phone: [(800) 100-1000] Med Grp: [Medical Group] Med Grp #: [(405) 888-8888] Member Services: (866) 634-2247/TTY 711 Member Since [2021]	Eff Date: [01/01/21] RxGrp: [H3815] RxBin: [610455] RxPCN: [AHPPARTD] RxID: [000123456789] Plan Code: [020]
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www.alignmenthealthplan.com

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**All Claims must be mailed to:**

 Arizona Priority Care  
 Claims Department  
 585 N Juniper Drive #200 Chandler, AZ 85226

**Pharmacy Technical Help Desk:** (844) 227-7615  
**Member Pharmacy Help:** (844) 227-7616  
**Eligibility Verification:** (888) 517-2247  
**Dental Benefits:** (866) 454-3008

For information regarding special added benefits such as vision, hearing, etc. contact Concierge or Member Services. Pre-authorization is required for all non-emergent hospital admissions, please call 1-866-646-2247, Opt 4.


Member may have Medicaid coverage, do not balance bill member. Please verify Medicaid eligibility.

# 2024 BCBSAZ Health Member ID Card

Effective April 1st, 2024, Arizona Priority Care (AZPC) is fully delegated for BCBSAZ Blue Best Life Classic (HMO) and Blue Best Life Plus (HMO) plans. All prior authorizations and claims are to be sent directly to AZPC.

For the BlueJourney Plan (PPO) please contact BCBSAZ directly with questions on eligibility, prior authorizations or claims at 888-288-4398.


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An Independent Licensee of the Blue Cross Blue Shield Association

**Blue Best Life Plus**


<b>Member</b> <b>JOHN A DOE</b>  <b>Member ID</b> <b>M2K123456789</b>	<b>Service Area</b> <b>Maricopa/Pinal</b> <b>Plan ID</b> <b>H0302-001</b> <b>PCP</b> <b>RAJESH BHAKTA</b> <b>Network</b> <b>BLUE ADVANTAGE</b>
<b>RxBIN</b> <b>610011</b> <b>RxPCN</b> <b>CTRXMEDD</b> <b>RxGRP</b> <b>BAZMAPD</b>	<b>Service Types</b> <b>Medical, Rx</b> Office Visit Copay <b>\$0</b> Specialist Copay <b>\$25</b> Emergency Room Copay <b>\$125</b>



**MEDICARE ADVANTAGE | HMO**

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azblue.com/medicare



**Member Services:** (480) 937-0409  
**Toll Free:** (800) 446-8331  
**TTY:** 711

DO NOT BILL MEDICARE

Arizona providers Arizona Priority Care send claims to: 585 N. Juniper Drive #150 Chandler, AZ 85266

**Payor ID:** 27154

**Providers outside of Arizona should file all claims to the local Blue Cross Blue Shield Plan in whose service area the member received services.**

**Pharmacists submit claims to:**  
 Pharmacy Benefits Administrator  
 PO Box 650629  
 Dallas, TX 75265-0629

**For Providers Only**

**Admissions Notice:** (480) 499-8720  
**Eligibility:** (800) 446-8331  
**Pharmacists:** (844) 883-8523  
**Prior Authorization:** (480) 499-8720

**Card Print Date:** 08/10/2022

Please present this card at time of service with every prescription. Coverage is limited outside of the service area.

# 2024 eternalHealth Member ID Card

In 2024, Arizona Priority Care (AZPC) is fully delegated for eternalHealth's Horizon (HMO), Grand Give Back (HMO), and Valor Give Back (HMO-POS) plans. All prior authorizations and claims are to be sent directly to AZPC.

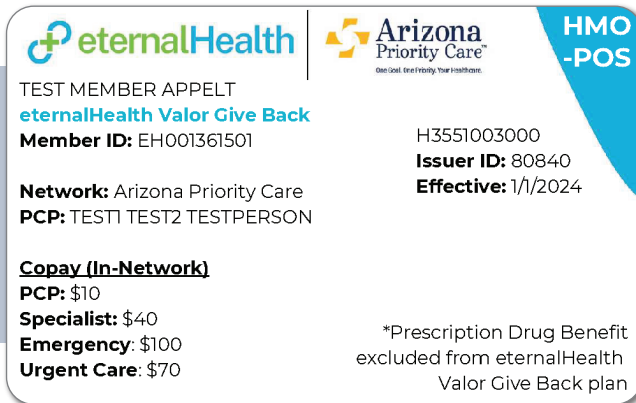
For eligibility verification, please visit:  
<https://www.eternalhealth.com/for-providers/forms-and-documents/>

# 2024 SCAN Health Member ID Card

In 2024, Arizona Priority Care (AZPC) is fully delegated for SCAN Classic (HMO), Balance (HMO C-SNP), Heart First (HMO C-SNP), Venture (HMO), and Strive (HMO C-SNP) plans. All prior authorizations and claims are to be sent directly to AZPC.

For eligibility verification, please visit:  
<https://www.scanhealthplan.com/providers>

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**eternalHealth** | **Arizona Priority Care** **HMO-POS**  
One Goal. One Priority. One Healthcare.

TEST MEMBER APPELT  
**eternalHealth Valor Give Back**  
**Member ID:** EH001361501

**Network:** Arizona Priority Care  
**PCP:** TEST1 TEST2 TESTPERSON

**Copay (In-Network)**  
**PCP:** \$10  
**Specialist:** \$40  
**Emergency:** \$100  
**Urgent Care:** \$70

H3551003000  
**Issuer ID:** 80840  
**Effective:** 1/1/2024

\*Prescription Drug Benefit excluded from eternalHealth Valor Give Back plan

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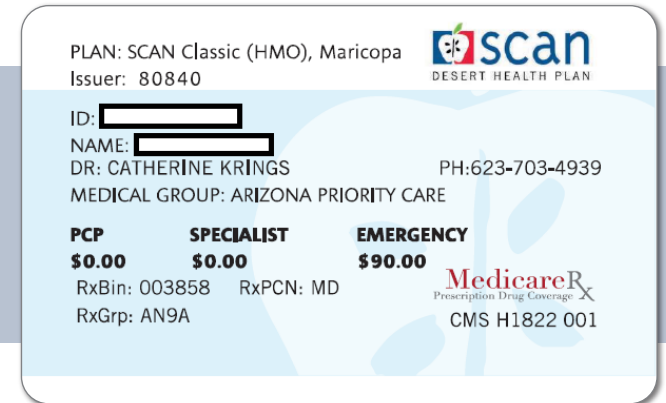
Member Services: **800-680-4568**  
 Urgent Behavioral Health Crisis: **833-633-0042**  
 Outpatient Behavioral Health: **833-633-0043**  
 Vision: **866-944-0347**  
 Hearing: **866-559-0158**  
 Transportation: **888-617-0350**

**For Providers**  
 Eligibility & Benefits: **800-680-9255**  
 Admissions Notice: **480-499-8720**  
 Prior Authorizations: **480-499-8720**

**DO NOT BILL MEDICARE Medical Claims**  
 Arizona Priority Care  
 Claims Department  
 585 N Juniper Dr #150  
 Chandler, AZ 85226

[www.eternalhealth.com](http://www.eternalhealth.com)

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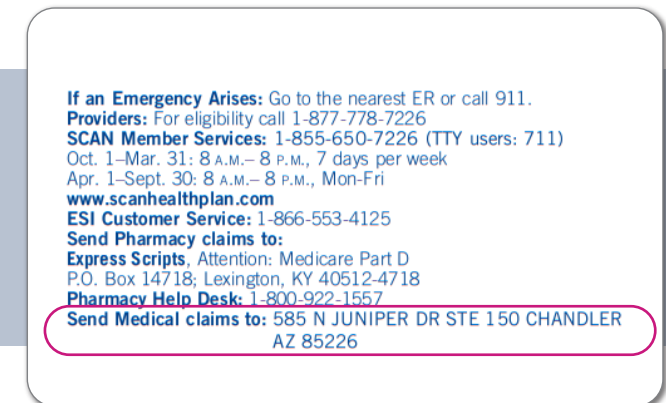
PLAN: SCAN Classic (HMO), Maricopa **scan**  
 Issuer: 80840 DESERT HEALTH PLAN

ID: [REDACTED]  
 NAME: [REDACTED]  
 DR: CATHERINE KRINGS PH:623-703-4939  
 MEDICAL GROUP: ARIZONA PRIORITY CARE

PCP	SPECIALIST	EMERGENCY
<b>\$0.00</b>	<b>\$0.00</b>	<b>\$90.00</b>

RxBin: 003858 RxPCN: MD **MedicareRx**  
 RxGrp: AN9A Prescription Drug Coverage X  
 CMS H1822 001

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**If an Emergency Arises:** Go to the nearest ER or call 911.  
**Providers:** For eligibility call 1-877-778-7226  
**SCAN Member Services:** 1-855-650-7226 (TTY users: 711)  
 Oct. 1-Mar. 31: 8 A.M.– 8 P.M., 7 days per week  
 Apr. 1-Sept. 30: 8 A.M.– 8 P.M., Mon-Fri  
[www.scanhealthplan.com](http://www.scanhealthplan.com)  
**ESI Customer Service:** 1-866-553-4125  
**Send Pharmacy claims to:**  
**Express Scripts, Attention: Medicare Part D**  
 P.O. Box 14718; Lexington, KY 40512-4718  
**Pharmacy Help Desk:** 1-800-922-1557  
**Send Medical claims to:** 585 N JUNIPER DR STE 150 CHANDLER AZ 85226

# 2024 Wellcare Member ID Card

In 2024, Arizona Priority Care (AZPC) is contracted but not delegated with WellCare's HMO Plans. All prior authorizations and claims are to be sent directly to WellCare and reimbursement shall be in accordance with your direct agreement with WellCare.

For eligibility verification, please visit:  
<https://www.wellcare.com/en/Arizona>

# 2024 AzCH Medicaid Member ID Card

In 2024, Arizona Priority Care (AZPC) is contracted but not delegated with Arizona Complete Health's (AzCH) Complete Care Plan (Medicaid). All prior authorizations and claims are to be sent directly to AzCH and reimbursement shall be in accordance with your direct agreement with AzCH.

For eligibility verification, please visit:  
<https://provider.azcompletehealth.com/careconnect>

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**Wellcare by Allwell**  
<Wellcare Assist (HMO)>  
CMS#: <H035I-XXXX>  
Effective Date: <MM/DD/YYYY>

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<b>MEMBER INFORMATION</b> Name: <First MI Last> Member ID#: <XXXXXXXX-XXX> Issuer ID: <(80840)> <9151014609>	<b>PHARMACY INFORMATION</b> <b>Medicare<sup>Rx</sup></b> Prescription Drug Coverage Rx Claims Processor: <CVS Caremark®> RXBIN: <004336> RXPCN: <MEDDADV> RXGRP: <RX6270>
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<b>PROVIDER INFORMATION</b> PCP Name: <> PCP Phone: <> PCP Office Visit: \$X
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**Arizona Health Care Cost Containment System**  
Member Name:  
AHCCCS ID#:

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Arizona Complete Health-Complete Care Plan  
Member Services: 1-888-788-4408 - TTY/TDY: 711  
Nurse Advice Line: 1-866-534-5963 - TTY/TDD: 711  
Crisis Services: 1-844-534-4673 - TTY/TDD: 711

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[wellcare.azcompletehealth.com](http://wellcare.azcompletehealth.com)

<b>FOR MEMBERS</b> Member Services <1-800-977-7522 (TTY: 711)> Mental Health Benefits <1-800-977-7522 (TTY: 711)> 24-hour Nurse Advice Line <1-800-977-7522 (TTY: 711)> Transportation <1-800-977-7522 (TTY: 711)>	<b>FOR EMERGENCIES</b> Dial 911 or go to the nearest Emergency Room (ER).
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**FOR PROVIDERS**  
For Medical eligibility and prior auth/referrals: <1-800-977-7522>  
Envolve Dental: <1-844-876-2028>  
Envolve Vision: <1-888-581-3648>  
Medical Claims <Wellcare by Allwell>  
Payor ID: <68069> <P.O. Box 9030 Farmington, MO 63640-9030>

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**Rx** Pharmacy prior auth: <1-800-867-6564>  
For help: (PHARMACY USE ONLY) <1-888-865-6567>  
Submit Part D Drug Claims to: <Wellcare by Allwell> <Attn: Pharmacy Claims>  
<P.O. Box 419069> <Rancho Cordova, CA> <95741-9069>

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**IMPORTANT INFORMATION**  
In a life threatening emergency call 911 or go to the nearest emergency room. Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of the law. This card is not a guarantee for services. To verify benefits visit:  
[azcompletehealth.com/completecure](http://azcompletehealth.com/completecure) or call 1-888-788-4408

**Pharmacy Help Desk:** 888-624-1131 (TTY/TDD: 711)  
RXBIN: 004336 RXPCN: MCAIDADV RXGRP: RX5443

**Submit Medical Claims to:**  
EDI Claims Payer ID: 68069  
PO Box 9010  
Farmington, MO 63640-9010

**Provider Services:** 1-866-796-0542



# Arizona Priority Care™

One Goal. One Priority. Your Healthcare.