

SAMPLE ID CARD



BlueCross BlueShield
of Texas

Blue EssentialsSM

FRONT

ALPHA PREFIX

TDI INDICATES FULLY INSURED MEMBER

NETWORK ID

PRIMARY CARE PROVIDER (PCP) NAME & PHONE #

PCP PORG (IF APPLICABLE)

BlueCross BlueShield of Texas
An Independent licensee of the Blue Cross and Blue Shield Association

HMO

Subscriber Name:
ABC SAMPLE

Identification Number:
ZGZ123456789

Group Number: **123456**

Member Effective: **01/01/10**

HMO **TDI**

PCP: SORAB M ITALIA DO
281-558-6700 01/01/17

Office Visit **\$10**

Emergency Room **\$100**

Specialist **\$30**

RX Copay **\$15/\$35/\$50**

RxBIN: 011552

RxPCN: BCTX

BACK

www.bcbstx.com

BlueCross BlueShield of Texas

Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD).
Claims should be mailed to: Blue Cross Blue Shield of Texas, P.O. Box 660044, Dallas, TX 75266-0044.

Customer Service **1-877-299-3377**

Guest Member **396**

Preauth-Medical **SAMPLE 188**

Preauth-MH/CD **122**

Blue Card Access **583**

Provider Service **1-800-676-2583**

BlueCross BlueShield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the BlueCross BlueShield Association.

Pharmacy Benefits Manager