



Personal identification number

Pharmacy Benefit Manager logo

				
Member Name: John C. Doe				
Member ID		RXBIN#	RXPCN#	RXGRP#
000000000-01		610029	CRK	MUST
Plan Name: Revised Medical Plan				
Group #	Group Name:			
XXXXX	School District Name			
Medical:	Dental:	Vision:		
Yes	No	Yes		
FCHA Customer Service: (XXX) XXX-XXXX Pharmacy Customer Service: (800) 895-0690 Pre-Authorizations: (XXX) XXX-XXXX Mental Health/Chem Dep: (XXX) XXX-XXXX				
www.myFirstChoice.fchn.com EDI Payor ID: 91131				

Medical coverage details

Phone numbers

Pharmacy plan identifiers