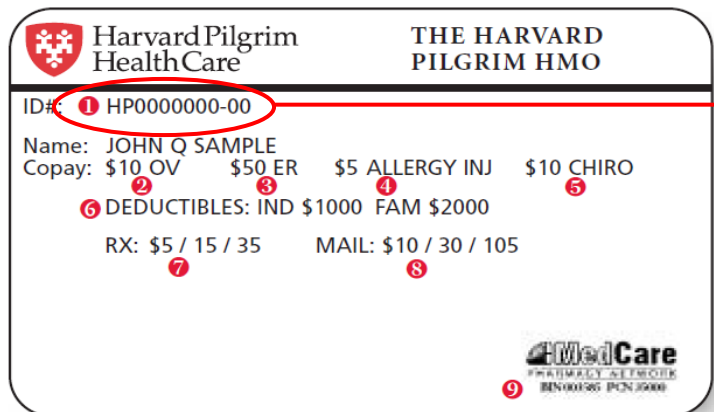


## Sample Insurance Cards\*

\*Please note: These are a SAMPLE of the insurance cards we accept – there are many other cards from these insurance companies that are also accepted. This handout should serve as a general guideline.

- Please be sure to ask for ALL insurance cards
- If a card says “SUPPLEMENT,” “COMPLEMENT,” or “MEDICARE EXTENSION PLAN” medicare is primary
  - ONLY SUBMIT THESE CLAIMS IF YOU ARE CONTRACTING WITH US TO BILL YOUR MEDICARE CLAIMS
- Please write the member name EXACTLY as it appears on their insurance card
- If patient does not have an insurance card make sure to at least record the health plan name – we will try to look up the patient’s insurance information
- The two digit suffix information for each plan is listed below (if available) to help you determine if the subscriber information on the claim form needs to be filled out; if the person getting vaccinated is not the subscriber you **MUST** provide the subscriber information

### Harvard Pilgrim



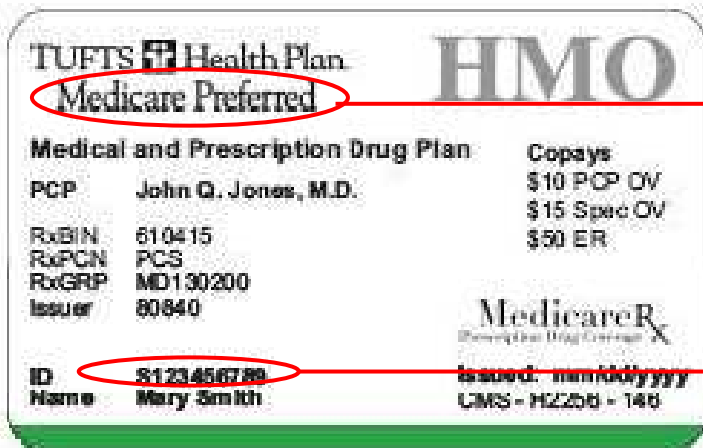
Member ID includes the prefix HP and a two digit suffix.

- HARVARD PILGRIM CARDS WITH PREFIXES “HPK” OR “HPE” ARE MEDICARE PRIMARY
- SUFFIX INFO:
  - “00” – PATIENT IS THE SUBSCRIBER
  - “01”, “02” ETC. – PATIENT IS NOT THE SUBSCRIBER – fill out subscriber information section

## Tufts



Member ID includes a 2 digit suffix.



Card has a Medicare Preferred Logo  
This is a Medicare Advantage Plan

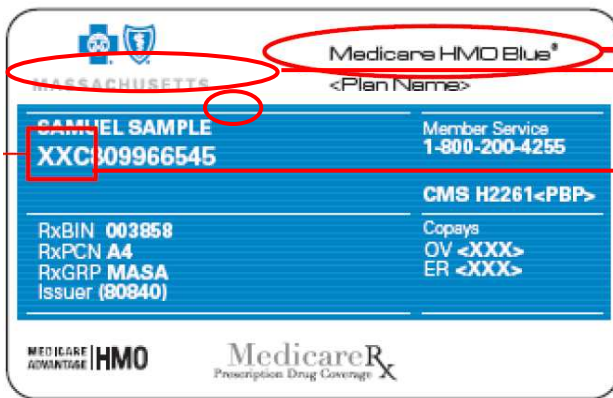
Member ID begins with an S

- **SUFFIX INFO:**
  - "01" – PATIENT IS THE SUBSCRIBER
  - "02", "03" ETC. – PATIENT IS NOT THE SUBSCRIBER – fill out subscriber information section
- **SOME TUFTS CARDS MAY ALSO SAY "GIC" – PLEASE RECORD THE INSURANCE COMPANY NAME AS TUFTS**

Blue Cross



Member ID includes a 3 letter prefix and two digit suffix



Member ID includes a 3 letter prefix and two digit suffix

Member ID includes a 3 letter prefix XXC



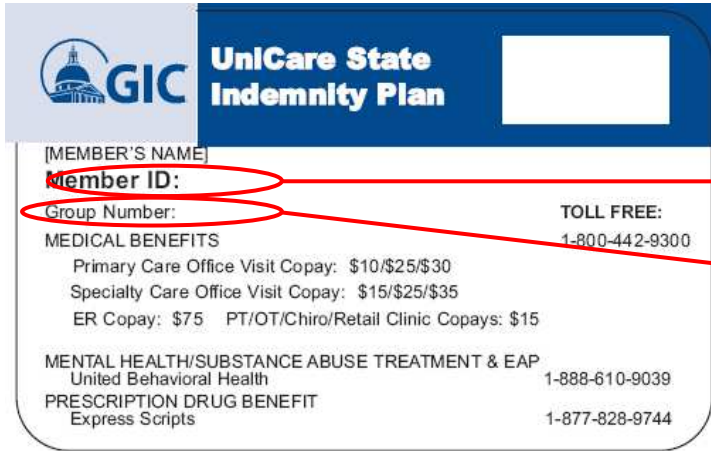
Card Indicates Medicare PPO Blue

Member ID includes a 3 letter prefix XXU

- **BLUECROSS CARDS WITH PREFIX "XXM" AND "XXG" ARE MEDICARE PRIMARY**
- **SUFFIX INFO:**
  - **"00" – PATIENT IS THE SUBSCRIBER**

- "01", "02" ETC. – PATIENT IS NOT THE SUBSCRIBER – fill out subscriber information section

## Unicare



**GIC Unicare State Indemnity Plan**

[MEMBER'S NAME]  
**Member ID:**  
 Group Number: TOLL FREE: 1-800-442-9300

**MEDICAL BENEFITS**  
 Primary Care Office Visit Copay: \$10/\$25/\$30  
 Specialty Care Office Visit Copay: \$15/\$25/\$35  
 ER Copay: \$75 PT/OT/Chiro/Retail Clinic Copays: \$15

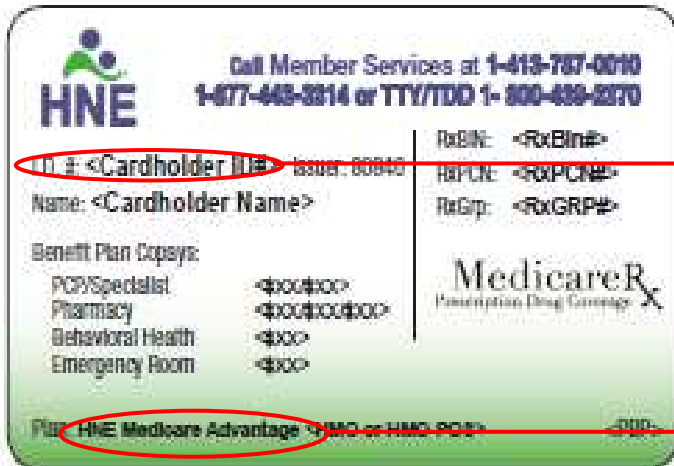
**MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT & EAP**  
 United Behavioral Health 1-888-610-9039  
**PRESCRIPTION DRUG BENEFIT**  
 Express Scripts 1-877-828-9744

Member ID includes a letter in the middle of the policy number.

Card usually contains a group number

- UNICARE CARDS THAT SAY "MEDICARE EXTENSION PLAN" ARE MEDICARE PRIMARY
- MAKE SURE TO PUT ENTIRE PLAN NAME – DO NOT WRITE "GIC" WRITE "UNICARE"
- MAKE SURE TO INCLUDE GROUP NUMBER

## Health New England



**HNE** Call Member Services at 1-413-787-0010  
 1-877-443-2314 or TTY/TDD 1-800-439-2370

ID #: <Cardholder ID#> Issue: 80840 RxBIN: <RxBIN#>  
 Name: <Cardholder Name> RxPCN: <RxPCN#>  
 RxGrp: <RxGRP#>

**Benefit Plan Copays:**  
 PCP/Specialist <\$0/\$0>  
 Pharmacy <\$0/\$0/\$00>  
 Behavioral Health <\$00>  
 Emergency Room <\$00>

**MedicareRx**  
 Prescription Drug Coverage

Plan: **HNE Medicare Advantage** MO or HMO PCN: <MO>

Member ID starts with a 9

Indicates Medicare Advantage

Call Member Services at 413-787-4004 or 800-310-2835

**HNE**  
HEALTH NEW ENGLAND

ID# **XXXXXXXXXX**  
GROUP# XXXXXXXXXXXX

ABC COMPANY

#	MEMBER NAME	BENEFIT PLAN COPIYS
01	Jane Doe	Office Visit SXX
02	John Aaron Doe	Emergency Room SXX
03	Karen Cecilia Doe	Inpatient SXXX
04	Sara Elizabeth Doe	Pharmacy SXX/SXX/SXX
05	Kevin Michael Doe	Chiropractic SXX
06	Elizabeth Ann Doe	Mental Health/SA SXX
07	James David Doe	
08	Catherine Ann Doe	PHCS OV SXX BH SXX INPT SXXX

MedMetrics RxBIN: xxxxx RxPCN: xxx RxGrp: xxx

Member ID

Member Number

• **SUFFIX INFO:**

- "01" – PATIENT IS THE SUBSCRIBER
- "02", "03" ETC. – PATIENT IS NOT THE SUBSCRIBER – fill out subscriber information section

**Neighborhood Health Plan**

**Neighborhood Health Plan** Commercial

Sample, John A  
**NHP0123456**  
Group 001

DOB: 05/01/2009  
OV 10/18  
RX 10/20/40  
ER 50

MedMetrics  
RxBIN: 610593  
PCN: SXC  
Group: MHPNHP

Member ID starts NHP

**Neighborhood Health Plan** **MassHealth**

Sample, John A  
**NHP0123456**  
Group 003  
MassHealth #123456789101

DOB: 05/01/2009  
OV 0  
RX 1/3  
ER 0

MedMetrics  
RxBIN: 610593  
PCN: SXC  
Group: MHPNHP

Card indicates that this is a MassHealth HMO

Fallon

John Sample  
ID 0000000000000000  
RX [Y/N] HCO xxx DB [Y/N]

COPAYS	
PCP office visit	\$ 0
Physical exam	\$ 0
Specialist office	\$ 0
Emergency room	\$ 0
Same-day surgery	\$ 0
Inpatient	\$ 0
Prescription	\$ 1/3/3

MassHealth ID#

fallon community health plan

CVS CAREMARK CAREMARK

MassHealth

Member ID

Card indicates that this is a MassHealth HMO- Bill Fallon

John Sample  
ID 0000000000000000  
RX [Y/N] HCO xxx DB [Y/N]

COPAYS	
PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 30
Emergency room	\$ 100
Same-day surgery	\$ 250
Inpatient	\$ 250
Prescription	\$ 15/30/50

Deductibles may apply to certain services.

fallon community health plan

Select Care

CVS CAREMARK CAREMARK

Member Number

John Sample  
ID 0000000000000000  
RX [Y/N] HCO xxx DB [Y/N]

COPAYS	
PCP office visit	\$ 15
Physical exam	\$ 0
Specialist office	\$ 30
Emergency room	\$ 100
Same-day surgery	\$ 250
Inpatient	\$ 250
Prescription	\$ 15/30/50

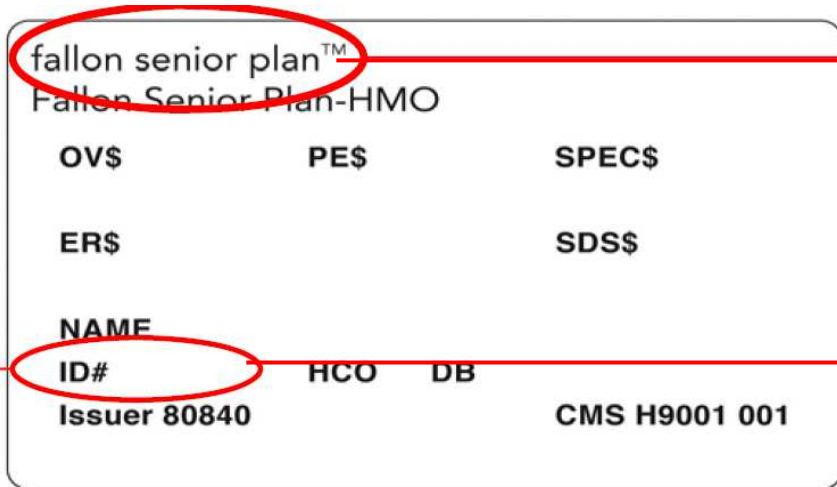
Deductibles may apply to certain services.

fallon community health plan

Direct Care

CVS CAREMARK CAREMARK

Member Number

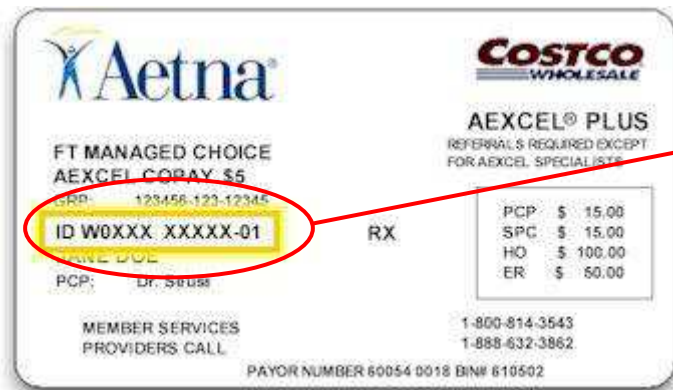


Indicates Medicare Advantage

Member Number

- **SUFFIX INFO:**
  - "01" – PATIENT IS THE SUBSCRIBER
  - "02", "03" ETC. – PATIENT IS NOT THE SUBSCRIBER – fill out subscriber information section

**AETNA**



Member Number

- **MEMBER NUMBER USUALLY BEGINS WITH "W"**
- **SUFFIX INFO:**
  - "01" – PATIENT IS THE SUBSCRIBER
  - "02", "03" ETC. – PATIENT IS NOT THE SUBSCRIBER – fill out subscriber information section

## UNITED

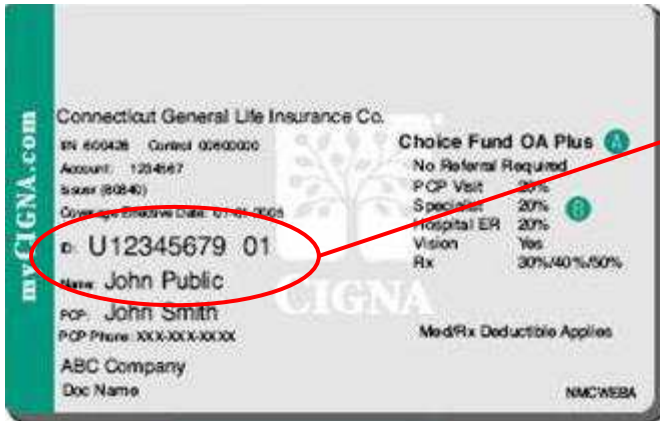


Member Number

Record Group Number if available

- INCLUDE BOTH MEMBER ID AND GROUP NUMBER
- SUFFIX INFO:
  - "01" – PATIENT IS THE SUBSCRIBER
  - "02", "03" ETC. – PATIENT IS NOT THE SUBSCRIBER – fill out subscriber information section

## CIGNA

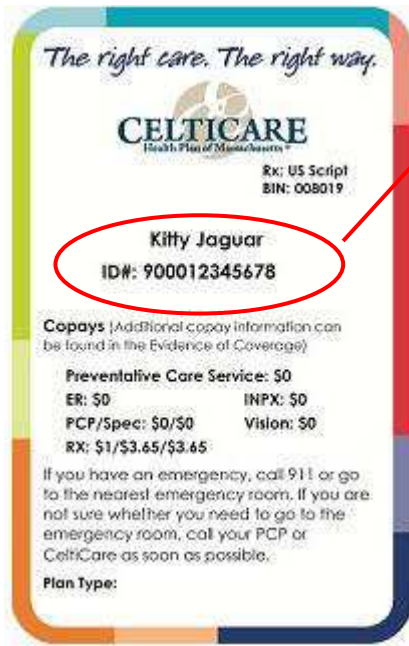


Member Number

- MEMBER ID BEGINS WITH "U"
- SUFFIX INFO:
  - "01" – PATIENT IS THE SUBSCRIBER
  - "02", "03" ETC. – PATIENT IS NOT THE SUBSCRIBER – fill out subscriber information section

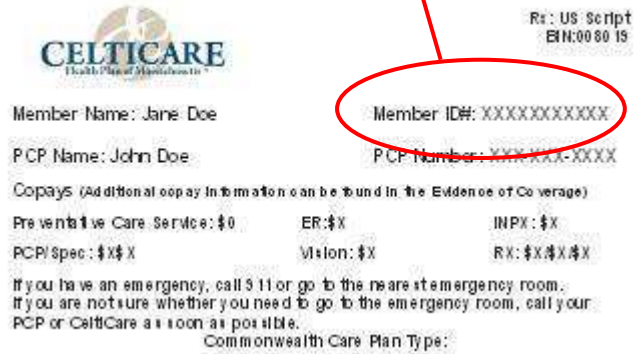


## CELTICARE



Member Number

Member Number



## NETWORK HEALTH



Member Number

- MEMBER ID STARTS WITH "N"

## MASSHEALTH



Member ID

- YOU CAN SEND US MASSHEALTH CLAIMS ONCE YOU HAVE CONTRACTED WITH MASSHEALTH OR YOU CAN BILL MASSHEALTH DIRECTLY FOLLOWING MASSHEALTH'S BILLING GUIDELINES
- PLEASE CHECK THAT THE PATIENT DOES NOT HAVE AN HMO THROUGH MASSHEALTH