

Welcome to Partnership*Advantage* (HMO SNP)!

We know how important good health is to you and we will do our best to meet your health care needs.

Below you will find your Partnership*Advantage* (HMO SNP) membership card. This card is important and should be kept with you at all times. You should always show this card when you go to the doctor, hospital, pharmacy or other health care providers.

If the information printed on your membership card is incorrect or if your card is ever lost or stolen, please call our Member Services Department at 866-264-3626. Members with hearing and/or speech impairments can call the California Relay Service at 800-735-2929 or call 711.

Sincerely,
Partnership*Advantage* (HMO SNP)!

¡Bienvenido a Partnership*Advantage* (HMO SNP)!

Sabemos la importancia que tiene la Buena salud para usted y haremos lo posible para satisfacer sus necesidades del cuidado de la salud.

Abajo usted encontrara su tarjeta de membrecia Partnership*Advantage* (HMO SNP). Esta tarjeta es importante y debere llevarse con sigo mismo en todo momento. Usted siempre debere mostrar esta tarjeta cuando vaya al doctor, hospital, farmacia, u otros proveedores del cuidado de la salud.

Si la informacion impresa en su tarjeta de membrecia es incorreta, o si se le pierde alguna vez o se la roban, llame, porfavor, a nuestro Departamento de Servicios a los Miembros, al 866-264-3626. Los Miembros con impedimiento del oido y/o del habla, pueden llamar al servicio de California Relay al 800-735-2929 o llame al 711.

Atentamente,
Partnership*Advantage* (HMO SNP)!

Identification Card – Peel off
(Front of ID Card)

<insert PA Logo>	
Name: SAMPLE A SAMPLE	
Id No: 999999999	
Issue Date: mm/dd/yyyy	RxBin: 015574
Issuer (80840): 9151014609	RxPCN: ASPROD1
PCP: Sample Name	RxGRP: SPH02
Phone: 999-999-9999	
< insert MEDICARE RX LOGO>	
CMS-H5782 001-0	

(Back of ID Card)

Member Services Department: 866-264-3626; TTY 800-735-2929
*Member Advice Nurse Line: 866-778-8873
*Emergency: Call 911 or go to the nearest emergency room.
*Pharmacy Claims/Authorizations: MedImpact 800-926-3841.
*All other Claims: Partnership <i>Advantage</i> (HMO SNP)
PO BOX 610, Suisun City, CA 94585-0610 707-863-4130.
*Medical Authorizations: 707-863-4133
*Mental Health/Substance Abuse: USBHPC 800-985-6904
*Eligibility Verification: To confirm eligibility and PCP assignment, call 707-863-4140 or 800-557-5471 or visit the website at: www.partnershiphp.org to confirm eligibility.

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