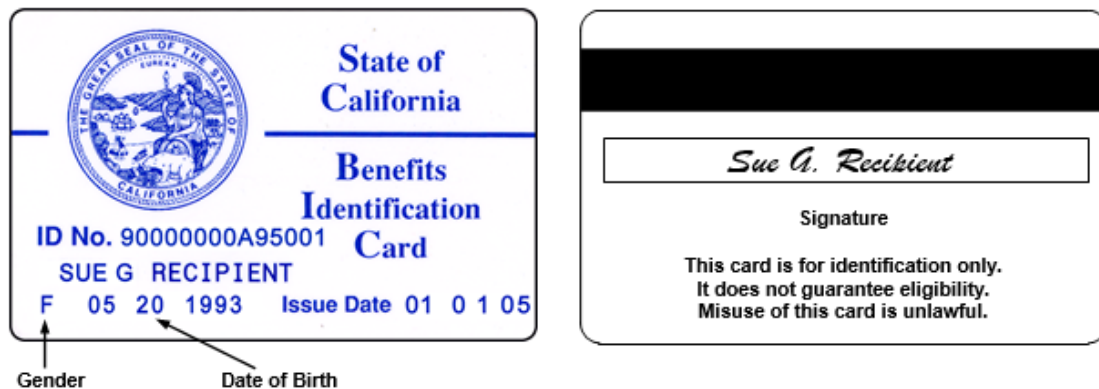


## Medi-Cal Benefits Identification Card (BIC)

The Department of Health Care Services (DHCS) issues a plastic Benefits Identification Card (BIC) to each Medi-Cal recipient. It is the provider's responsibility to verify that the person is eligible for services and is the individual to whom the card was issued.

**Issued prior to 09/12/2016**



Sample BIC


(Actual card size = 3 1/4 x 2 1/2 inches; white card with blue letters on front, black letters on back.)

**New Design Issued after 9/12/2016**



## Partnership Member ID Card

- Member number is the first 10 digits of a member's BIC card.
- PCP/MH effective Date
- Member's name and DOB
- PCP/MH name and phone number
- Other important numbers for the following services: Mental Health, Substance Use, Advise Nurse and Member Services.

	<b>Partnership HealthPlan of California</b>		<b>Front</b>
	<a href="http://www.partnershipphp.org">www.partnershipphp.org</a>		
	ID#:	PCP/MH Effective Date:	
<b>Member Name:</b>			
<b>Date of Birth:</b>			
<b>PCP/MH Name:</b>			
<b>PCP/MH Phone:</b>			
<b>Mental Health:</b>			
<b>Substance Use:</b>			
<b>24-Hour Advice Nurse:</b>			
<b>Member Services:</b> (800) 863-4155, M-F 8 a.m. – 5 p.m.			

	<b>Back</b>
TTY/TDD (800) 735-2929 or 711	
Emergencies call 911 or go to the nearest hospital. Emergency services from out-of-network providers within the U.S. and its territories are covered at no cost. Prior authorization for emergency services is not required.	
Reference: 42 USC 1395dd, 22 CCR section 53216 and H&S Code section 1300.67(g)	
Pharmacy: (800) 977-2273	
<b>Information for Providers Only:</b>	
Eligibility and PCP Assignment: (800) 557-5471	
Submit Medical Claims to: Partnership HealthPlan of California P.O. Box 1368 Suisun City, CA 94585-1368	