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Effective Date: 07/01/2014  
Date of Birth: 05/21/1954  
Subscriber #: 718969139

**Washington Apple Health - Alternative Benefit Plan**  
for Medicaid expansion members with habilitative benefits



Member Name: **Meggie See**

Medicaid or CHIP ID Number: **201140884WA**

Primary Care Provider (PCP): **M. Garnett**

PCP Telephone #: **509-773-4017**

PCP Address: **711 E Collins Dr Goldendale WA 986209237**

Clinic/Group: **Family Practice Clinic**

Vision: **1-866-416-0153**

Member Services/Pharmacy and Behavioral Health: **1-800-600-4441**

Amerigroup On Call/24-hour Nurse HelpLine: **1-866-864-2544**

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, call 1-800-855-2880.

**MIEMBROS:** Lleve consigo siempre esta tarjeta de identificación. Muéstrela antes de recibir atención médica. Usted no necesita mostrar esta tarjeta antes de recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para la atención que no es de emergencia. Si tiene alguna pregunta, llame a Servicios para Miembros al 1-800-600-4441. Llame al 1-800-855-2884 si es una persona sorda o tiene problemas de la audición.

**HOSPITALS:** Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

**PROVIDERS:** Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730.

**PHARMACIES:** Submit claims using Express Scripts RXBIN: 003858; RXPCN: MA; RXGRP: WKHA. For technical help, call **Express Scripts** at 1-844-367-6113.

**SUBMIT MEDICAL CLAIMS TO:**

AMERIGROUP • PO BOX 61010 • VIRGINIA BEACH, VA 23466-1010

**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**

**EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA  
EL MIEMBRO CONSTITUYE FRAUDE.**