



Managed Care Member ID Cards

Amerigroup Iowa



Effective Date:
Date of Birth:
Amerigroup #:

www.myamerigroup.com/IA
Amerigroup Iowa, Inc.

Member Name:
hawki Number:
Primary Care Provider (PCP):
PCP Telephone #:
Vision: **1-800-879-6901**

Copays: **Nonemergency ER Visits: \$25**
No Other Copays

Member Services/Behavioral Health: **1-800-600-4441 (TTY 711)**
24/7 Amerigroup On Call/Nurse HelpLine: **1-866-864-2544 (TTY 711)**

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 711.

MIEMBROS: Lleve esta tarjeta de identificación con usted siempre. Muéstrela antes de recibir cuidado médico. No tiene que mostrar esta tarjeta antes de emergencias más cercanas. Llame siempre a su PCP de Amerigroup para cuidado que no sea de emergencia. Si tiene preguntas, llame a Servicios al Miembro al 1-800-600-4441. Si es sordo o tiene problemas auditivos, llame al 711.

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. For preauthorization of medications, call 1-855-712-0104.

PHARMACIES: Submit claims using Express Scripts RXBIN: 003858; RXPCN: MA; RXGRP: WKYA For technical help, call **Express Scripts** at 1-855-690-8353.

SUBMIT MEDICAL CLAIMS TO:
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.

IA04 03/16

Iowa Total Care



NAME/NOMBRE: JANE C. DOE
Hawki ID #: XXXXXXXXXX
DOB: mm/dd/yyyy

PCP Name/Nombre Del PCP: DR. NAME
PCP Phone/Teléfono del PCP: XXX-XXX-XXXX

Effective/Fecha Efectiva: MM/DD/YYYY
RX: XXXXX
RXBIN: 020545
RXPCN: RXA377
RXGRP: RXGMCIA01

Bring your Iowa Total Care ID card when you see your doctor or go to receive care. Lleve su tarjeta de identificación de Iowa Total Care cuando vea a su médico o vaya a recibir atención.

If you have an emergency, call 911 or visit the nearest emergency room (ER). For non-emergencies, call your PCP or the 24/7 Nurse Advice Line.
Si tiene una emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Si no está seguro de si necesita ir a la sala de emergencia, llame a su PCP o la línea de consejo de enfermería de atiende 24/7.

IMPORTANT CONTACT INFORMATION/ INFORMACIÓN IMPORTANTE DE CONTACTO

MEMBERS/MIEMBROS: **1-833-404-1061 (TTY: 711)**
Member Services/Servicios para los miembros
24/7 Nurse Advice Line/Línea de consejo de enfermería 24/7

PROVIDERS/PROVEEDORES:
Eligibility: **1-833-404-1061 (TTY: 711)** • Prior Authorization: **1-833-404-1061**
Medical Claims: **PO Box 8030, Farmington, MO 63640**
Provider/claims information via the web: **IowaTotalCare.com**
Pharmacy Help Desk: **1-833-776-3681**