

## Managed Care Member ID Cards

Amerigroup Iowa




Effective Date:  
Date of Birth:  
Amerigroup #:

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

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

Copays: **Nonemergency ER Visits: \$3**  
**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 recibir cuidado 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 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

Effective/Fecha  
Efectiva: MM/DD/YYYY

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

RX: XXXXX  
RXBIN: 020545  
RXPCN: RXA377  
RXGRP: RXGMCIA01

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

*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**

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**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

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**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**

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In addition to their Managed Care Member ID Card, IA Health Link members will need to keep their Iowa Medicaid Eligibility Card for dental services. Members may need to present both cards when receiving medical services.