

# Prominence<sup>®</sup>

## Health Plan

### Prominence Health Plan Medicare Advantage Card

**Prominence<sup>®</sup>**  
**Health Plan**

RxBIN#: <LKP\_RX\_BIN>    RxPCN#: <RX\_PCN>  
RxGrp#: <RX\_GROUP>    Issuer#: <SSUER\_Number>  
RxID#: <RX\_ID>

<PLAN\_NAME>

ID: <MEMBER\_ID>

**Member Since**  
<Member\_Since>

<FIRST\_NAME> <MI> <LAST\_NAME>

PCP:<PCP\_NAME>  
Phone:<PCP\_PHONE>

**MedicareRx**  
Prescription Drug Coverage X

.GROUP\_ID> <PBP>

PCP Office Visit: <PCP\_OV>  
Specialty Office Visit: <SCP\_OV>

Urgent Care: <URGENT\_CARE>  
ER: <ER>

Member Services-Medical: 1-855-969-5882 TTY/TDD: 711

Member Services-Rx: 1-844-587-7389 TTY/TDD: 711

Website: [www.prominencemedicare.com](http://www.prominencemedicare.com)

Prior Authorization (UM): 1-855-969-5884

Pharmacy Technical Support:  
1-844-587-7389

Submit Claims to:  
Prominence Health Plan  
Claims Department  
P.O. Box 151987  
Tampa, FL 33684  
EDI PayerID: <EDI\_Payer\_ID>