

Front of Card

**Your  
Texas  
Benefits**

Member Name :

JASMINE L ANDREWS

Member ID:

512023364

Issuer ID:

610258

Date Card Sent:

10/29/2015

Note to Provider:

Ask this member for the card from their Medicaid health plan. Providers should use that card for billing help. No health plan card?  
Pharmacists can use the non-managed care billing information on the back of this card.

Back of Card

Members: Keep this card with you. This is your medical ID card. Show this card to your doctor when you get services. To learn more, go to [www.YourTexasBenefits.com](http://www.YourTexasBenefits.com) or call 800-252-8263.

Miembros: Lleve esta tarjeta con usted. Muestre esta tarjeta a su doctor al recibir servicios. Para más información, vaya a [www.YourTexasBenefits.com](http://www.YourTexasBenefits.com) o llame al 800-252-8263.

THIS CARD DOESN'T GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.

Providers: To verify eligibility, call 800-925-9126. Non-managed care pharmacy claims assistance: 800-435-4165

Non-managed care Rx billing: RxBIN: 610084 / RxPCN: MEDICAID / RxGRP: DRTXPROD

**My Information**

Member ID: 512023364

Date of Birth: 10/21/1991

Program Name: Traditional Medicaid

Medicare Coverage: N

Name: JASMINE L ANDREWS

Gender: F

Medicare Beneficiary Identifier:

**Medical Plan**

Plan Name:

Plan Phone:

Call this number if you have questions about your doctor or health services.

**Dental Plan**

Plan Name:

Plan Phone:

Call this number if you have questions about your dentist or dental services.

**Pharmacy Benefits**

RxBIN: 610084

RxPCN: MEDICAID

RxGRP: DRTXPROD

**Main Doctor**

Name:

Phone:

Address:

**This document does not guarantee eligibility or payment for services.**

To learn more, call 800-252-8263.