



## 4. MEMBER IDENTIFICATION CARD

Always carry this card with you and present it whenever you need healthcare services. If you need a new ID card, call FCA Member Services.


- (1) **Member Name** – the name of the person covered by the plan.
- (2) **Member Number** – your identification (ID) number; please have this number ready when you call to make appointments or when you call or write to FCA.
- (3) **Effective Date** – the day your benefits begin with FCA.
- (4) **PCP Name** – the name of your primary care provider.
- (5) **PCP Phone Number** – the telephone number of your primary care provider
- (6) **Plan Name** – First Coast Advantage
- (7) **Third Party Administrator (TPA)** – Claims Address and Phone Number
- (8) **Member Services** – telephone number for benefits and eligibility
- (9) **Provider Customer Service** – telephone number for providers
- (10) **Medical & Mental Health** – telephone and fax number for pre-authorization
- (11) **Transportation** – telephone number for non-emergency to and from medical appointments
- (12) **Mental Health Crisis** – telephone for number for behavioral health members in crisis
- (13) **Dental** – telephone number for appointments
- (14) **Vision** – telephone number for appointments

FOLD CARD ALONG PERFS AND PRESS HERE TO REMOVE 



<p>(1) <b>Member Name</b> «Mem_1_Name»</p>		
<p>(2) <b>Member Number</b> «Main_Mem_ID»</p>	<p><b>Effective Date</b> «Effective_Date»</p>	<p>(4)</p>
<p>(3) <b>PCP Name</b> «Mem_1_PCP_Name»</p>	<p><b>PCP Phone Number</b> «Mem_1_PCP_Phone»</p>	<p>(5) <b>D Card Front</b></p>

THERE IS NO MEMBER CO-PAY  
THIS CARD IS FOR ID ONLY AND DOES NOT GUARANTEE COVERAGE

<p>(6) </p>	<p>(7) </p>	
<p>(8) Member Services: 1-866-270-2422</p> <p>(9) Provider Services: 1-866-270-2468</p> <p>(10) Medical/Mental Health Pre-Auth: 904-244-3539, Fax 904-244-9744</p> <p>(11) Mental Health Crisis (24 hrs/day): 904-695-9145, 904-642-9100</p> <p>(12) Transportation: 1-866-294-6611</p> <p>(13) Dental Services: 1-800-494-6262</p> <p>(14) Vision/Eye Care: 1-800-393-2873</p>	<p><b>Please submit claims to:</b> Apex Benefits Services P.O. BOX 3620 Akron, OH 44309-3620 Electronic Payer ID: 34196</p>	<p><b>ID Card Back</b></p>