



Member

Sample Group

Group #: PRVSMPL
Member: JOHN SAMPLE
Member ID: SMPL0001
Plan: EPO

MBR	MBR NAME	COV
	JOHN SAMPLE	
	JANE SAMPLE	
	JIMMY SAMPLE	

Provider Network Questions

PREVEA³⁶⁰
 aso network
 deancare.com/aso
 (XXX) XXX-XXXX

Pharmacy Plan

Rx Bin: 610602
 PCN: NVT
 Rx Group: XXX



navitus.com
 (866) 333-2757

1085 1085 xx-PRVSMPL-EPO-PREVEA-*.*. M
 (PREVEA) D0 V() 137E
 0 20131015T12J01800000001000200011100
 Env [1] 2 of 1 Carrier [1]



Referral/Pre-Certification/Prior Authorization

See your Plan Document for any referral/pre-certification/prior authorization requirements.

Pre-certification/prior authorization is required for all inpatient hospitalizations.

For questions contact customer service at (XXX) XXX-XXXX.

Prevea Care After Hours: (920) 496-4700 or toll free at (888) 277-3832

Complementary Network



If there are no available providers in the primary network call (800) 672-2140 or visit multiplan.com.

Medical Benefit & Eligibility

See your Plan Document for your benefits, limitations, exclusions, terms & conditions.

For any questions on your benefits or eligibility on your Medical Plan, contact Customer Service at (XXX) XXX-XXXX or visit deancare.com/aso.

Claims Submission

Send all medical claims to:

DHP Administrative Services
PO Box 99906
Grapevine, TX 76099-9706
Payor ID: 75261

For questions on claims or claim submission, contact customer service at (XXX) XXX-XXXX or visit deancare.com/aso.

J018

1085 xx-PRVSMPL-EPO-PREVEA-**-*(PREVEA) D0
V) OEF7
0 20131015T12J018000000001000200011100 Env [1]
2 of 1 Carrier [1]