



## Member

### Sample Group

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

MBR	MBR NAME	COV
01	JOHN SAMPLE	
	JANE SAMPLE	
	JIMMY SAMPLE	

## Provider Network Questions



deancare.com/aso      multiplan.com  
 (XXX) XXX-XXXX      (XXX) XXX-XXXX

## Pharmacy Plan

Rx Bin: 610602  
 PCN: NVT  
 Rx Group: XXX



navitus.com  
 (866) 333-2757

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### 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](http://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](http://deancare.com/aso).

### Claims Submission

**Prevea360 providers submit medical claims to:**  
DHP Administrative Services  
P.O. Box 99906  
Grapevine, TX 76099-9706  
Payor ID: 75261

**HealthEOS providers submit medical claims to:**  
HealthEOS by Multiplan  
P.O. Box 6090  
DePere, WI 54115-6090  
Payor ID: 36326

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

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