

FUJI CARRIER NAME: AMERIHEALTH HMO



CARRIER CODE: AH009

***** HMO PLANS REQUIRE REFERRALS*****

PREFIX – Q1C , Q3C, Q13 etc

**REFERRALS ARE NEEDED FOR DIAGNOSTIC MAMMOS, ULTRASOUNDS , DEXA
SCANS AND XRAYS**

Please use <https://www.pearprovider.com> website to check
eligibility and retrieve referrals
(AMI and AMIATLANTICARE is considered as Specialist)

	REGIONAL PREFERRED NETWORK
SAMPLE MEMBER Q1C123456789000	MEETINGHOUSE FAM PHYS 856-596-9050 ←
Rx BIN 015814 Rx PCN 06430000	LAB Q
PREVENTIVE CARE \$0	PLAN SEH HMO PCP \$50 SPEC \$75 ER \$100 HOSP 50%
	VISION 

Visit www.amihealthexpress.com for benefit information

Member: See your Primary Care Physician first for care. In the event of an emergency, seek appropriate medical care immediately. Call 911 if available. Specialist and hospital care require a referral. You are responsible for precertification for out-of-network care. For urgent care outside of NJ, call 1-844-937-2448 within 48 hours of receiving care. Before CT, MRI/MRA, PET or nuclear cardiology testing contact AIM.

Hospital: Please call 1-844-937-2448 for admission notification within 48 hours or next business day after admission.

Customer Service	1-844-937-2448
Eligibility/Precert	1-844-937-2448
Sick/Urg Care OOA	1-844-937-2448
Mental Health/ Substance Abuse	1-800-809-9954
Pharmacy Benefits	1-855-241-3614
AIM	1-800-859-5288
TTY/TDD	711

Your insured benefits are underwritten by
AmeriHealth HMO, Inc.

AmeriHealth New Jersey Claims Receipt
Center
P.O. Box 211184 Essex, MN 55121



Check our online directory to find Local Value Network
Providers at www.amihealthexpress.com

**FUTURE
SOLUCTIONS**

Tranasy Jendia Albrecht