

**AMI/ATLANTICARE DO NOT ACCEPT
WELLCARE as Primary insurance.**

can be accepted if secondary insurance

***EXCEPTIONS:**

- *Can be accepted if studies are ordered by AMI vascular department doctors*
- *Can be accepted If studies are ordered by Dr.Orozco/Chris Adams(PA)/other associate from his practice.*

Note: Please e-mail billquestion@aminj.com if you have any questions or concerns.

Carrier code: RE000
(use Registration only)

**THIS IS A PRIMARY INSURANCE.
THIS IS A MEDICARE REPLACEMENT PLAN.
AMI/AMICARE IS OUT OF NETWORK.**

Sample shown below is Primary Insurance. We Do Not Accept.



WellCare
Beyond Healthcare. A Better You.

2020

Company Plan Name (Type) (Contract # - PBP)

Member: **First Name Last Name**
Member ID: **12345678**
Plan: **80840**
Primary Care Provider (PCP):
Sally Smith
PCP Phone: **1-555-999-1234**

Policy #: **XX123**
RxBIN: **004336**
RxPCN: **MEDDADV**
RxGRP: **RX1234**

MedicareRx
Prescription Drug Coverage

Card Issued: **08/01/2019**



If you have a medical emergency, dial 911 or go to the nearest emergency room.
Your current co-pay, provider and benefit details can be found online/mobile app:
www.wellcare.com/medicare

Customer Service: **1-833-444-9088** TTY: **711**
Provider Service: **1-855-538-0454**
Nurse Advice Line: **1-877-555-1234**

Submit Claims To:
WellCare Health Plans PO Box 31372 Tampa, FL 33631-3372

Sample shown below is Primary Insurance. We Do Not Accept.



wellcare

2022

Wellcare Giveback Open (PPO) (H8711-003-000)

Member: [REDACTED]
Member ID: [REDACTED]
Issuer: [REDACTED]

Policy #: **NJ001**

MedicareRx
Prescription Drug Coverage

RxBIN: **004336**
RXPCN: **MEDDADV**
RXGRP: **788257**

Card issued: **12/09/2021**



If you have a medical emergency, dial 911 or go to the nearest emergency room. Your current co-pay, provider and benefit details can be found online/mobile app:
www.wellcare.com/medicare

Member Services: **1-833-444-9088** TTY: **711**
Provider Service: **1-855-538-0454**
Nurse Advice Line: **1-800-581-9952**

Medicare limiting charges apply.

Submit Claims To:
Wellcare Health Plans Attn: Claims Department PO Box 31224 Tampa, FL 33631-3224