



**[Wellcare Giveback] [(HMO-POS)]**

**MEMBER ID:** [123456789012]

**PLAN #:** [H0908-005-000]

**ISSUER #:** [(80840) 9151014609]

[MEMBER FULL NAME]

[2025]



Member portal

You can see any PCP in our Network

**PCP Name:** [LAST NAME, FIRST NAME]

**PCP Phone:** [1-XXX-XXX-XXXX]

**PCP Office Visit:** [\$0]

**Card Issued:** [mm/dd/yyyy]

**MedicareRx**  
Prescription Drug Coverage

**RXBIN:** [610014]

**RXPCN:** [MEDDPRIME]

**RXGRP:** [2FFA]



**Member Services / PCP Change**

<Vision: [Premier Eye Care]

<Dental: [DentaQuest]

**Provider Services**

**Pharmacist Only**

**[1-800-977-7522]**(TTY: 711)

**[1-888-285-2826]**(TTY: 711)>

**[1-844-822-8113]**(TTY: 711)>

**[1-800-977-7522]**(TTY: 711)

**[1-833-750-0202]**(TTY: 711)

**Medical Claims:** [Wellcare By Allwell] [Attn: Claims] [P.O. Box 3060 Farmington, MO 63640-3822] [Payor ID: 68069]

**Part D Claims:** [Wellcare By Allwell] [Attn: Medicare Part D Member Reimbursement Department] [P.O. Box 31577, Tampa, FL 33631-3577]

**FOR EMERGENCIES:** Dial 911 or go to the nearest Emergency Room (ER)

[www.wellcare.com/allwellOH](http://www.wellcare.com/allwellOH)