



## Sample ID Card

Friday Member:		
<b>Member Full Name</b>		
ID: 2000#####-01	Primary Care Visit: ##% after ded.	
Birthdate: MM/DD/YYYY	Urgent Care Visit: \$\$\$ after ded.	
Group: <<Group ID>>	Emergency Room: ##% after ded.	
RX Bin: 610245	In-Patient Hospital: ##% after ded.	
RX PCN: 05780000	Specialist Visit: ##% after ded.	
Deductible: \$\$\$	Vision Network: VSP-\$100	
Plan: <Friday Plan Name>	Effective: 1/1/2020	
HMO	Colorado	CO DOI

Pre-auth is required for all hospital admissions, outpatient surgeries and procedures, physical therapy, MRIs and CT scans. Additional services may require pre-auth as outlined in benefit materials or provider manual.

**Customer Service: 800-475-8466**  
**questions@fridayhealthplans.com**

Pharmacy Provider: 877-879-9922

Pharmacy Member: 800-424-7361

Medical Fax: 719-589-4995

Member & Provider Portal:

fridayhealthplans.com

Submit claims directly to:

Friday Health Plans of Colorado

c/o Imagenet

PO Box 39050

Phoenix, AZ, 85069

For out of network, call 800-475-8466 for approval.

This card does not guarantee benefits or eligibility.