

**Physicians Health Plan**  
of Mid-Michigan FamilyCare

Rx Bin # **610014**  
Medco RxGrp: **PHPRX**

Name: **John Doe Sample** **00**  
Group Number: **12345678**  
Subscriber Number: **123456789**  
Elec. Claim Payer ID#: **37330**

Pharmacy Information

Member Information

Important member information that your Primary Care Provider (PCP) uses to submit claims for you.

## PHPMM FamilyCare Medical ID Card

Access the PHPMM Website at [www.phpmm.org](http://www.phpmm.org). You will find information about your health plan by clicking on FamilyCare in the drop down menu under “For Members”, or on the FamilyCare butterfly.

**Important Consumer Information**  
For information, go to: [www.phpmm.org](http://www.phpmm.org)  
Customer Service: **800-661-8299**  
**517-364-8640**  
TTY/TD: **800-649-3777**

This card does not prove membership nor guarantee coverage.

**Important Provider Information**  
CustomerService: **800-661-8299**  
Notification as required: **877-842-3210**

Medical Claims To: P.O. Box 439 Linthicum, Maryland 21090-0439  
Date Issued: 07/31/2006

Important phone numbers for you to use when calling the PHPMM FamilyCare Customer Service Department.

Important phone numbers for your Primary Care Physician (PCP) to use when calling PHPMM FamilyCare to arrange your care.

Claims address that your Primary Care Physician (PCP) uses to submit claims for your care

## PHPMM FamilyCare Medical ID Card Back