


Preferred Blue®



THE SAMPLE COMPANY

Member Name: _____ Group #: 000
SAMPLE CARD
Medical ID#: 12345678
Pharmacy ID#: 12345678

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 PAI Customer Service: 1-800-768-4375 RxBIN: 021684
Pharmacy Customer Service: 1-855-260-0974 RxGRP: BXPAI

PRE-SERVICE AUTHORIZATION IS REQUIRED FOR ALL HOSPITAL ADMISSIONS. FAILURE TO COMPLY WILL AFFECT BENEFITS.

Pre-Service Authorization: 1-800-652-3076
Verify Benefits: 1-800-768-4375 or www.paisc.com
Provider Selection: www.paisc.com
HIPAA EDI Instructions: www.paisc.com
Pharmacist Help Desk: 1-855-811-2218


Please submit claims electronically to BCBS of SC by filing with a payor code of 886.

File claims to:
PAI, P.O. Box 6927, Columbia, SC 29260



Outside of your primary PPO service area
Call: 1-800-226-5116 for assistance
locating a FirstHealth Provider or visit the
website at www.myfirsthealth.com.

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 Essential StaffCARE Limited Benefit Plan and Minimum Essential Coverage (MEC) Wellness and Preventive Plan

Group #: 123456
Group Name: Sample Group Staffing Company

Member Name: SAMPLE NAME
Member ID: 12345678

Electronic Claims Payer ID#: 37287



DISCOUNT ONLY: RxBIN: 011867 RxPCN: HT RxGRP: DISCOUNT

Insurance Program Support Center
1-866-798-0803

First Health Provider Locator 1-800-226-5116 OptumRx Provider Locator www.paisc.com
DenteMAX Provider Locator 1-800-752-1547

Claims may be submitted electronically to Web MD, Proximed or Availity by using Payer ID 37287.

Healthcare Provider: File claims to: PAI, PO Box 6702, Columbia, SC 29260
This card is for identification only. It is not a guarantee of eligibility or benefits. To verify the coverage shown for the person on this card, please call 1-866-798-0803 or visit www.paisc.com

