

# Sample Encircle/Encore Combined Member ID Card

Encore Health Network requires the Encore logo on participating member's ID card. Cards must be approved by an Encore representative prior to print. For approval, please contact Holly Joyce at (317) 621-4263 or [hjoyce@encoreppo.com](mailto:hjoyce@encoreppo.com) or Kevin McShay at (317) 621-4264 or [kmcshay@encoreppo.com](mailto:kmcshay@encoreppo.com).

*Effective 1/1/2012—The claims mailing address is 8520 Allison Pointe Blvd., Ste 200 Indianapolis, IN 46250*

## SAMPLE ENCIRCLE/ENCORE COMBINED MEMBER ID CARD

Name: John Doe  
Member #: 00000012  
Group #: 012345  
Group: ABC Company  
Effective Date: 1/1/2012  
Coverage: Employee & Dependent

Client's Company  
Logo here

### Health Care Plan Identification Card

Pre-certification is required for any inpatient hospitalization, outpatient surgery done outside the physician's office, home health care, hospice, convalescent care, physical therapy, MRIs, second surgical opinions, and durable medical equipment. Failure to pre-certify will reduce your benefits. For pre-certification call (800) 123-4567 and for eligibility benefits call (800) 123-4567.

PPO Office visit Copay \$25.00

ABC COMPANY  
Sample TPA

#### SUBMIT ALL MEDICAL CLAIMS TO:

Encore Health Network  
8520 Allison Pointe Blvd, Ste 200 Indianapolis, IN 46250-4299  
For electronic claims use PayorID, Web ID 35206



**encore**<sup>PPO</sup>  
HEALTH NETWORK

Encore Health Network  
(888) 446-5844  
[www.encoreconnect.com](http://www.encoreconnect.com)



**encircle**<sup>EPO</sup>  
HEALTH NETWORK

Pharmacy/Customer Service/Help Desk: (800) 123-4567

Bin #: 002233 PCN: CPPBA RxGroup: 065478

Prescription Copays:

Generic \$15 or 20%, whichever is greater

Brand Formulary: \$30, 20%, or whichever is greater

Brand Non-Formulary: \$45, 25%, or whichever is greater

For service information, including the patient's current eligibility and coverage level, call the Benefit Plan Administrators at (800) 123-4567.