



CA-100-04-03
HEALTH NET, INC.
POST OFFICE BOX 9103
VAN NUYS, CA 91409-9103

ELECTRONIC SERVICE REQUESTED

00 141 102516 500909400 91765 1312 03



JASMINE F JAVA
23603 DECORAH RD
DIAMOND BAR CA 91765-1312

Your Health Net ID card

Attached is a new Health Net ID card. Please check the information. If there is an error or you need to verify eligibility for benefits, please call Health Net's Customer Contact Center. Please destroy any old ID cards.

Your provider network

Your health plan utilizes the CommunityCare HMO provider network for covered benefits and services. Please make sure you use providers (doctors, hospitals, etc.) in the CommunityCare HMO provider network.

Primary care physician

Having a doctor who knows you is important. That's why you have a primary care physician (PCP) as part of your HMO plan. Your PCP oversees all your health care and provides referral/authorization if specialty care is needed. Want to change your PCP? You can:

- Go to www.myhealthnetca.com to find a doctor in the CommunityCare HMO provider network.
- Call 1-888-926-4988 / TTY: 711, Monday through Friday, 8:00 a.m. to 6:00 p.m. We will be happy to help you.

You have selected, or have been assigned, the following physician group for your care. In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by :

Greater San Gabriel Valley Physicians
PPG#M3117 626-282-0288
Effective Date with PPG: 01-01-2018
Stella Kpaduwa
16008 AMAR ROAD
LA PUENTE CA 91744
626-330-9535

Office Copay: \$35.00 Teladoc Copay: \$0
Urgent Care Copay: \$35.00 E/R Copay: \$350.00

Health Net Providers, call: 1-888-926-2164

To report Inpatient Admissions, call: 1-800-995-7890

Pharmacist: For assistance, call Pharmacy Help Line at 1-800-600-0180
RXBIN: 004336 RXPCN: ADV RXGRP: RX5466 Rx: Envolv Rx



IFP CommunityCare HMO

Plan: Silver 70 CommunityCare HMO

Subscriber Name:
MARYAM BOOTH

Member Name:
JASMINE F JAVA

Health Net Customer Contact Center: 1-888-926-4988 / TTY: 711

Website: www.myhealthnetca.com

Health Net of California, Inc. provides the health benefits under this plan.



Covered California is registered
trademark of the State of California

ID Card Issue Date: 01-09-2018

Effective Date: 01-01-2018

Member ID: U9215294202

To remove card, fold back and forth along perforations.

Welcome to Health Net.

Jasmine F Java
23603 Decorah Road
Diamond Bar CA

Health Net Use Only
Run Date January 9, 2018



Health Net Commercial Claims
PO Box 9040, Farmington, MO 63640-9040
For electronic claim submission use Payer ID 68069.

MHN Claims
PO Box 14621, Lexington, KY 40512-4621
MHN electronic claim submission use Payer ID 22771.

TO THE HEALTH NET SUBSCRIBER

This is your current Health Net identification card. Carry it with you at all times and present it to your Participating Physician Group when you or your eligible dependents receive services. See your Evidence of Coverage for description of your benefits.

When submitting inquiries about your coverage, always include your member ID number from the face of this card.

IF AN EMERGENCY ARISES

If your situation is an emergency : Call 911 or go to the nearest Hospital or emergency care facility. If you are ill but unsure of the seriousness of your condition you may call your Medical Group. In all cases, contact your Primary Care Physician/Medical Group as soon as possible to inform them about your condition.

TO DOCTOR OR OTHER PROVIDER OF CARE

Telephone the Participating Physician Group named on the reverse side of this card. Hospitals bill Health Net directly.

24-Hour Nurse Advice Line: 1-800-893-5597 OR TTY: 711
Mental Health Benefits: 1-800-977-7534



Teladoc telehealth consultations: 1-800-835-2362
or <http://www.teladoc.com/hn>

For non-network negotiations services only



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