






NORTH CAROLINA MEDICAID MANAGED CARE
Thursday, July 1, 2021

Healthy Blue	UHC Community Plan of NC	Wellcare of NC	AmeriHealth Caritas NC	Carolina Complete Health
 <p>Member Name: _____ Primary Care Provider: _____ Identification Number: _____ Name: _____ Member ID Number: _____ Address: _____</p> <p>Effective Date: _____ RXBIN: 020107 Date of Birth: _____ ROPCN: NC CAC: 9473</p> <p>MI Name: MEDICAID NC HEALTHY BLUE Phone: 844 594-5072</p> <p>Eligibility Verification Site: NCTracks Prior Authorization Company: Availity Website: https://apps.availity.com/availability/web/public.elegant.login Phone: 800 282-4548</p> <p>Modalities Requiring Pre Authorization: MRI, MRA CT, CTA</p>	 <p>Health Plan (02640) 911-87726-04 Member ID: A999999991 Group Number: NCMCMC</p> <p>Member: _____ Payer ID: 87728 MEMBER NAME</p> <p>AMH/PCP Name: _____ PROVIDER NAME AMH/PCP Phone: 0000000-0000 PROVIDER ADDRESS CITY, STATE, ZIP</p> <p>Effective Date: 06/16/2019</p> <p>0201 UnitedHealthcare Community Plan of North Carolina Administered by UnitedHealthcare of North Carolina, Inc.</p> <p>MI Name: MEDICAID NC UHC Phone: 800 638-3302</p> <p>Eligibility Verification Site: NCTracks Prior Authorization Company: United Healthcare Website: https://identity.onehealthcareid.com/app/index.html#/login Phone: 866 842-3278</p> <p>Modalities Requiring Pre Authorization: MRI, MRA CT, CTA, Nuclear Med</p>	 <p>Plan: 80840 Member ID #: 987654321 Member: Sample A, Sample Effective Date: 01/01/2018</p> <p>Primary Care Provider: _____ Rhawn Lopez, MD Phone: 1-609-555-1314 WellCare Liberty (HMO SNP) (H0913-03-000)</p> <p>SubN: 004336 RxPCN: MEDDADV RxGRP: 788257 *Submit claims under this number Card issued: 01/01/2017</p> <p>MI Name: MEDICAID NC WELLCARE Phone: 866 799-5318</p> <p>Eligibility Verification Site: NCTracks Prior Authorization Company: NIA Radmd Website: https://www.radmd.com/RadMD/Common/Login.aspx Phone: 800 424-4895</p> <p>Modalities Requiring Pre Authorization: MRI, MRA CT, CTA, ESI</p>	 <p>Member name: _____ Primary doctor: _____ [John L. Doe] [PCP first name, PCP last name] AmariHealth Caritas North Carolina ID: _____ [Group name] [XXXXXXXXXX] PCP/Group address State ID: [XXXXXXXXXXXXXXXXXX] [City, State ZIP] PCP/Group phone number [X-XXX-XXX-XXXX]</p> <p>Copays Effective date ERA [X] PCP [X] SPEIC [X] [MM/DD/YYYY]</p> <p>Link to my apply to access my care. Not for medical use.</p> <p>MI Name: MEDICAID NC AMERIHEALTH Phone: 888 738-0004</p> <p>Eligibility Verification Site: NCTracks Prior Authorization Company: NIA Radmd Website: https://www.radmd.com/RadMD/Common/Login.aspx Phone: 800 424-4895</p> <p>Modalities Requiring Pre Authorization: MRI, MRA CT, CTA</p>	 <p>NAME: JANE C. DOE RX: Evolve Pharmacy Solutions MEMBER ID#: XXXXXXXXXX RXBIN: 020107 DATE OF BIRTH: MM/DD/YYYY ROPCN: RXA330 EFFECTIVE: MM/DD/YYYY RXGRP: RXDHCNC01 AMH/PCP Name: _____ AMH/PCP Address: _____ AMH/PCP Phone Number: _____ MEMBER PORTAL: _____ CarolinaCompleteHealth.com</p> <p>MI Name: MEDICAID NC CCH Phone: 833 552-3876</p> <p>Eligibility Verification Site: NCTracks Prior Authorization Company: NIA Radmd Website: https://www.radmd.com/RadMD/Common/Login.aspx Phone: 800 424-4895</p> <p>Modalities Requiring Pre Authorization: MRI, MRA CT, CTA PET, MUGA</p>