



UnitedHealthcare Community Plan of Arizona sample member ID cards

Sample member ID card for illustration only; actual information varies depending on payer, plan and other requirements.

AHCCCS Complete Care



Health Plan (80840) 911-03432-06

Member ID: 999999322

Member: REISSUE S ENGLISH
PCP: DOUGLAS GETWELL
PCP Phone: (928) 237-1304

Group: AZHCCCS
AHCCCS Complete Care

Rx ID: 99999932201
Rx Bin: 610494
Rx Grp: ACUAZ
Rx PCN: 4100

Member Services: (800) 348-4058
Statewide Crisis: (844) 534-HOPE (4673)

Member Identification Card
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Printed: 09/30/22



Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of law. This card is not a guarantee for services. To verify benefits visit myUHC.com/CommunityPlan.

Member Services: 1-800-348-4058 TTYTDD 711
NurseLine: 1-877-440-0255

For Providers: UHCprovider.com 1-800-445-1638
Claims: PO Box 5290, Kingston, NY, 12402-5290

Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334
For Pharmacists: 877-305-8952

Long Term Care



Health Plan (80840) 911-03432-06

Member ID: 999999342

Member: REISSUE S ENGLISH

Group: AZLTC
Long Term Care

Rx ID: 99999934200
Rx Bin: 610494
Rx Grp: ACUAZ
Rx PCN: 4100

Member Services: (800) 293-3740
Statewide Crisis: (844) 534-HOPE (4673)
After Hours Member Services: (800) 377-2055

Member Identification Card
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Printed: 09/30/22


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Member Services: 1-800-293-3740 TTYTDD 711
NurseLine: 1-877-440-0255

For Providers: UHCprovider.com
Claims: PO Box 5290, Kingston, NY, 12402-5290
Notification: 1-800-377-2055 Eligibility: 1-800-293-3740

Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334
For Pharmacists: 877-305-8952

Division of Developmental Disabilities




Health Plan (80840) 911-03432-06

Member ID: 9999993001

Member:
NEW O ENGLISH
PCP: DOUGLAS GETWELL
PCP Phone: (520) 281-1550

Member Services: (800) 348-4058
Statewide Crisis: (844) 534-HOPE(4673)
DDD: (844) 770-9500



Group: AZDDD

DDD Health Plan
by UHCCP

Rx ID: 999999300101
Rx Bin: 610494
Rx Grp: ACUAZ
Rx PCN: 4100

Member Identification Card

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Printed: 11/07/24


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Member Services: 1-800-348-4058 TTY\TDD 711
NurseLine: 1-877-440-0255

For Providers: UHCprovider.com 1-800-445-1638
Claims: PO Box 5290, Kingston, NY, 12402-5290

Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334
For Pharmacists: 877-305-8952


Dual Complete AZ-Y001




MEMBER A SAMPLE

Member ID 123456789 Medicaid ID 123456789
UHC Dual Complete AZ-Y001 (HMO-POS D-SNP)
With Dental
Group Number: AZMCARE H0321-004-000 Payer ID: 03432

RxBIN RxPCN RxGRP
610097 9999 MPDCSP



UCard




MedicareRx
Prescription Drug Coverage

PROOF


Benefit Award Card #: 6102 3300 0000 0799
Printed: 10-29-2024
For Members: MyUHC.com/CommunityPlan
1-877-614-0623, TTY 711

Earned rewards expire 1 mo. after plan terminates
Providers: UHCprovider.com 1-800-445-1638
Dental Providers: uhcdentalproviders.com 1-844-275-8750
For Pharmacists: 1-877-889-6510
Med Claims: P.O. Box 5290, Kingston, NY 12402-5290
Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287
Statewide Criss: 1-844-534-(HOPE)-4673
Nurse Triage: 1-877-440-0255
See cardholder terms for fees and terms of use

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Dual Complete AZ-S001




MEMBER A SAMPLE

Member ID 123456789
UHC Dual Complete AZ-S001 (HMO-POS D-SNP)
With Dental
Group Number: AZMCARE H0321-002-000 Payer ID: 03432

RxBIN RxPCN RxGRP
610097 9999 MPDCSP



UCard




MedicareRx
Prescription Drug Coverage

PROOF


Benefit Award Card #: 6102 3300 0000 0799
Printed: 10-29-2024
For Members: MyUHC.com/CommunityPlan
1-877-614-0623, TTY 711

Earned rewards expire 1 mo. after plan terminates
Providers: UHCprovider.com 1-800-445-1638
Dental Providers: uhcdentalproviders.com 1-844-275-8750
For Pharmacists: 1-877-889-6510
Med Claims: P.O. Box 5290, Kingston, NY 12402-5290
Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287
See cardholder terms for fees and terms of use

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United
Healthcare
Community Plan