

- 1 Subscriber (Member) ID Number, which is also known as your HCID Number
 - 2 Group (Employer) Number, Plan Number and Effective Date
 - 3 Dental Network (If applicable)
 - 4 Vision Network (If applicable)
 - 5 Medical Network Name
 - 6 Co-pay, Deductible and Out of Pocket
 - 7 Pharmacy BIN and Process Control Number
 - 8 Pharmacy Network
 - 9 Pharmacy Network Customer Service Number
-
- 10 Payer ID number for Electronic Claims
 - 11 Contact Numbers: Customer Service and Utilization Review
 - 12 Website to access Online Portals for both Members and Providers

Front

PINNACLE™ CLAIMS MANAGEMENT, INC.		Health Plan Identification Card	
Member JANE MARIE SMITH 1 HCID: W00000123 00 Employer: 06000 ABC FARMS HARVEST 2 Plan: 37999 Effective: 01/01/22		Dental/Vision Plan 3 Dental Network: Contact Info: 4 Vision Network: Contact Info:	
Medical Plan 5 Medical Network: Policy #: 6 Office Copay: \$xx Deductible: \$xxxx Participating / Non-Participating Out-of-Pocket: \$xxxx Participating / Non-Participating		Pharmacy Plan 7 Rx Bin: 017051 PCN: PPS 8 PINNACLE RxSolutions Copays: FORMULARY: \$xx BRAND/ \$xx GENERIC NON - FORMULARY: \$xx COPAY 9 Contact Info: 1-877-782-9658 www.prsolutions.com	

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PINNACLE™ CLAIMS MANAGEMENT, INC.		www.pinnacletpa.com	
Members: When submitting inquiries always include your healthcare ID number from the front of this card. Possession or use of this card does not guarantee payment.		11 Eligibility, benefits, claims status, and Customer Service Utilization Review 1-800-649-9121 1-800-274-7787 PinnacleRx Solutions 1-877-782-9658	
10 Providers: Please submit claims electronically using Envoy Payer #24735 or to the following address for processing. Send ALL Claims to: Pinnacle Claims Management, Inc. PO Box 2220 Newport Beach, CA 92658		12 Self Help Portals - www.pinnacletpa.com This card is for identification only, is non-transferable and is the property of the Benefit Administrator. Please carry it with you at all times. Benefits obtained through the use of this card are governed by the conditions in your benefit plan. The network listed on the other side of this card does not provide administrative or claims processing services and has no liability for claims payments. Please contact the Benefit Administrator listed at the top of this card with any questions. This card does not guarantee eligibility and is void when your eligibility terminates.	

**Depending on your employer and plan selection, card appearance and placement of information may vary. If you have any further questions, please contact Pinnacle Customer Service.*

For Additional Help

855.730.8652

@ CustomerService@PinnacleTPA.com

PinnacleTPA.com

- 1 Número de identificación de suscriptor (miembro) que también se conoce como su número de HCID
 - 2 Número de grupo (empleador), número de plan y fecha de vigencia
 - 3 Red Dental (si corresponde)
 - 4 Red de Visión (si corresponde)
 - 5 Red Medica
 - 6 Copago, deducible y gastos de bolsillo
 - 7 BIN de farmacia y número de control de proceso
 - 8 Red de Farmacias
 - 9 Número de servicio al cliente de la red de farmacias
-
- 10 Número de identificación del pagador para reclamaciones electrónicas
 - 11 Números de contacto: Servicio al cliente y revision de la utilización
 - 12 Sitio web para acceder a portales en línea tanto para miembros como para Proveedores

Front

PINNACLE™ <small>CLAIMS MANAGEMENT, INC.</small>		Health Plan Identification Card	
Member		Dental/Vision Plan	
1	HCID: W00000123 00	3	Dental Network:
	Employer: 06000		Contact Info:
2	ABC FARMS HARVEST	4	Vision Network:
	Plan: 37999		Contact Info:
	Effective: 01/01/22		
Medical Plan		Pharmacy Plan	
5	Medical Network:	7	Rx Bin: 017051
			PCN: PFS
6	Policy #:	8	P I N N A C L E Rx Solutions
	Office Copay: \$xx		
	Deductible: \$xxxx Participating / Non-Participating	9	Copays: FORMULARY: \$xx BRAND / \$xx GENERIC NON - FORMULARY: \$xx COPAY
	Out-of-Pocket: \$xxxx Participating / Non-Participating		Contact Info: 1-877-782-9658 www.prxsolutions.com

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Providers: Please submit claims electronically using Envoy Payer #24735 or to the following address for processing.		12	Self Help Portals - www.pinnacletpa.com
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**Dependiendo de su empleador y la selección del plan, la apariencia de la tarjeta y la ubicación de la información pueden variar. Si tiene más preguntas, comuníquese con Pinnacle.*

PARA AYUDA ADICIONAL

855.730.8652

CustomerService@PinnacleTPA.com

[PinnacleTPA.com](https://www.pinnacletpa.com)

Front

PINNACLE™
CLAIMS MANAGEMENT, INC.

Health Plan Identification Card

Member

JANE MARIE SMITH

HCID: W00000123 00

Employer: 06000

ABC FARMS HARVEST

Plan: 37999

Effective: 01/01/22

Dental/Vision Plan

Dental Network:

Contact Info:

Vision Network:

Contact Info:

Medical Plan

Medical Network:

Policy #:

Office Copay: \$xx

Deductible: \$XXXX Participating /
Non-Participating

Out-of-Pocket: \$XXXX Participating /
Non-Participating

Pharmacy Plan

Rx Bin: 017051

PCN: PRS

Copays: FORMULARY: \$xx BRAND / \$xx GENERIC
NON - FORMULARY: \$xx COPAY

Contact Info: 1-877-782-9658

www.prxsolutions.com

PINNACLE
Rx Solutions

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Providers: Please submit claims electronically using Envoy Payer #24735 or to the following address for processing.

Send ALL Claims to:
Pinnacle Claims Management, Inc.
PO Box 2220
Newport Beach, CA 92658

Eligibility, benefits, claims status,

and Customer Service 1-800-649-9121

Utilization Review 1-800-274-7767

PinnacleRx Solutions 1-877-782-9658

Self Help Portals - www.pinnacletpa.com

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