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AHF MC NAP

CUSTOMER NAME


ID #

GRP:RX

NAMEPCP:

MEMBER SERVICES
PRECERTIFICATION ONLY
ANNUAL RENEWAL DATE
PAYOR NUMBER

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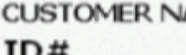
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B BlueCross BlueShield of Kansas City *Preferred-Care Blue*

JOHN A DOE
ID#: YBC999999999
SUFFIX: 00
GROUP#: 27255000
PLAN: PPO

EMER ROOM 75.00
URGENT CARE 20.00
OFFICE VISIT 20.00

CUSTOMER SERVICE:
816-395-3558 / 888-989-8842

RXBIN: 003858 PCN: A4 GROUP: KCBA

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CVS
CAREMARK Prescription Card



JOHN Q PROOF
ID 123456789
RXBIN: 610029
RXPCN: CRK
RXGRP: CMCDX
ISSUER: 80840



00001

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RXPCN: CRK
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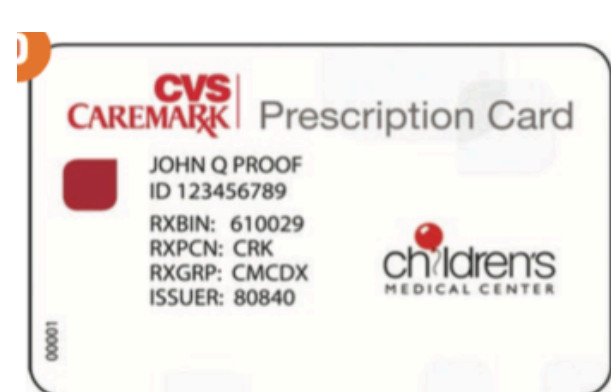
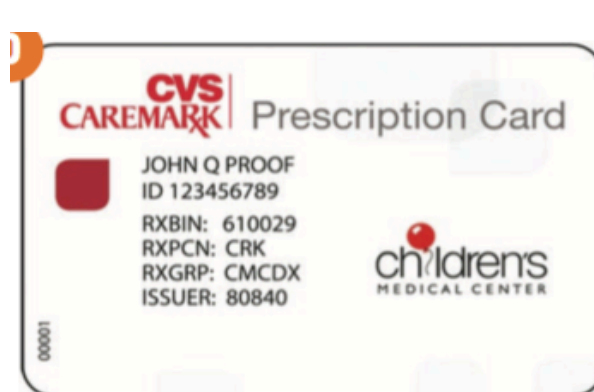
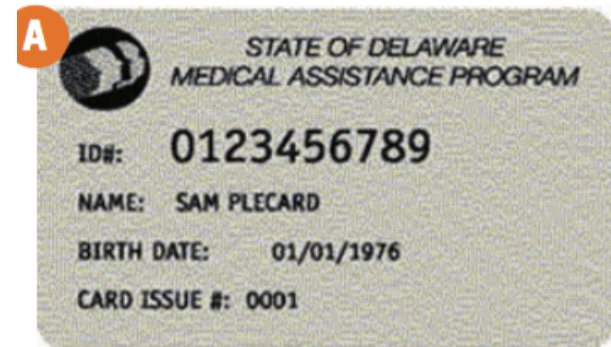
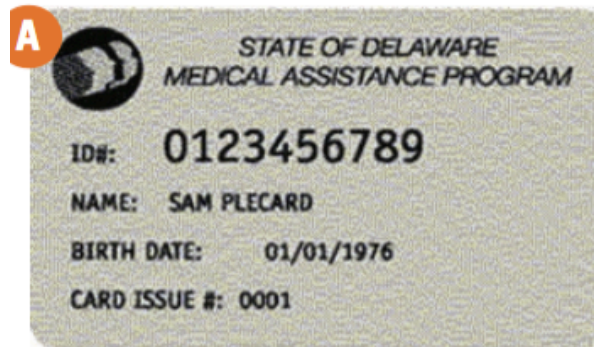
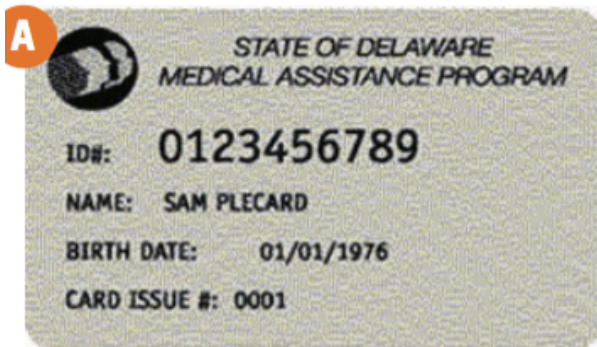
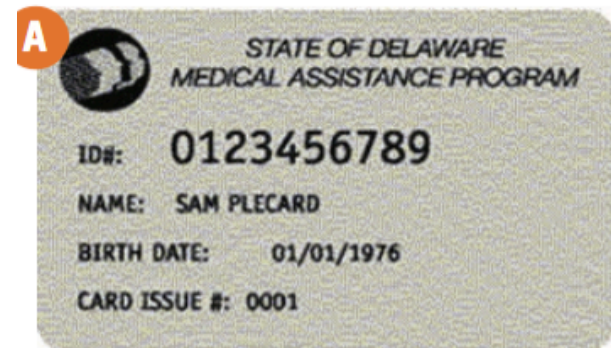
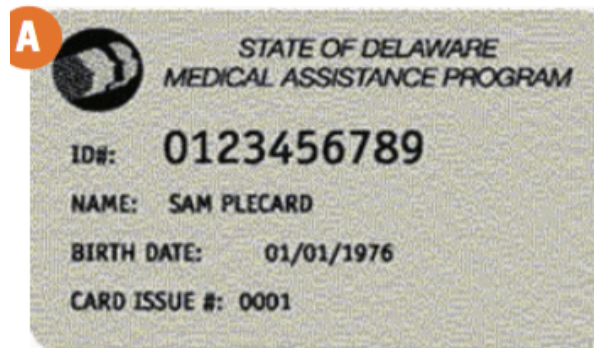
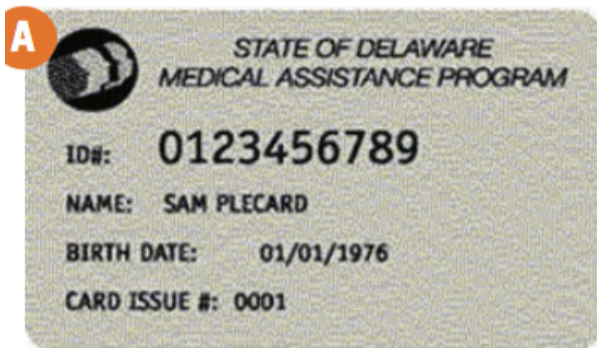
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A  STATE OF DELAWARE
MEDICAL ASSISTANCE PROGRAM


ID#: 0123456789
NAME: SAM PLECARD
BIRTH DATE: 01/01/1976
CARD ISSUE #: 0001

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

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