



[CENTENNIAL CARE]

Subscriber Name:

PCP: (PCP Name)
(PCP Phone Number)

Identification No.

Group Number:

OFFICE VISIT \$0

Date of Birth:

EMERGENCY ROOM \$0

Enrollment Effective Date:

URGENT CARE \$0

Expiration Date:

HOSPITAL \$0

TPL

RxBIN: 011552

RxPCN:



www.bcbsnm.com



For care received in/outside of NM:
BCBSNM Claims Dept PO Box 27838 Albuquerque
NM 87125-7838.
Prior authorization required for some in-network and
most out-of-network services. Special Beginnings
Members must call within the first trimester of
pregnancy to enroll in the mandatory Maternity
program. In case of emergency, call 911 or go to the
closest emergency room. After treatment, call your
PCP within 24 hours or as soon as possible.

Customer Service 1-800-300-3000
Medical/Pharmacy 1-800-300-3000
B11 HealthCops* 1-800-300-3000
Special Beginnings 1-800-300-3000
24/7 Nurseline 1-800-300-3000
Role Assist* 1-800-300-3000
Reserve Transport* 1-800-300-3000
Davis Vision* 1-800-300-3000
*Group contracts directly

BlueCross BlueShield of New Mexico, a Division
of Health Care Service Corporation, a Mutual
Legal Reserve Company, an independent
licensee of BlueCross BlueShield Association.



Pharmacy Benefits Manager