

**Name:** John M. Doe

**Member ID:** 0000000000

**Group Number:** 000000000000000000000000

**Primary Care Physician (PCP):** Provider Name, MD

**PCP Phone Number:** 001-234-5678

**PCP Effective Date:** 01/01/2021

**Copayments:** PCP \$XX, Emergency ER \$XX, Facility \$XX, Inpatient Admission \$XX  
**RX:** Generic Drug \$X, Brand Drug \$X

**Directions for what to do in an emergency**

In case of emergency, call 911 or go to the closest emergency room. After treatment, call your child's PCP within 24 hours or as soon as possible.

**AVAILABLE 24 HOURS/7 DAYS A WEEK:****Member Services Department**

Toll-Free: 1-800-434-2347

**Behavioral Health Services**

Toll-Free: 1-877-221-2226

**Telecommunication Device for the Deaf**

TDD: 1-800-390-1175

**Instrucciones en caso de emergencia**

En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP de su hijo dentro de 24 horas o tan pronto como sea posible.

**DISPONIBLE 24 HORAS AL DIA/7 DIAS A LA SEMANA:****Departamento de Servicios para Miembros**

Gratis: 1-800-434-2347

**Servicios de Salud Mental**

Gratis: 1-877-221-2226

**Dispositivo de telecomunicaciones para sordos**

Línea TDD: 1-800-390-1175

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**FOR PROVIDERS**

**Notice to hospitals and other providers:** All inpatient admissions require pre-authorization, except in the case of emergency. Please call Community First within 24 hours at (210) 358-6050 or fax to (210) 358-6040.

**Submit professional/other claims to:**

Community First Health Plans  
PO Box 853927, Richardson, TX 75085-3927

**For electronic claims submit to Availity:**

**Payer ID = COMMF**  
**Pharmacy Help Desk: 1-877-908-6023**

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