

Name: John M. Doe

Member ID: 000000000

Group Number: 000000000000000000000000

Primary Care Physician (PCP): Provider Name

PCP Phone Number: 001-234-5678

PCP Effective Date: 01/01/2021

LONG TERM CARE BENEFITS ONLY:

You receive primary, acute and behavioral health services through Medicare. You receive only long term care services through Community First Health Plans.

BENEFICIOS DE CUIDADO A LARGO PLAZO SOLAMENTE:

Usted recibirá servicios de cuidado primario, cuidado inmediato y de salud mental a través de Medicare. Usted recibirá servicios de cuidado a largo plazo solamente por medio de Community First Health Plans.

Directions for what to do in an emergency

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

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

and Service Coordination: (Toll-Free) 1-855-607-7827

Behavioral Health Services: (Toll-Free) 1-844-541-2347

24/7 Suicide and Crisis Line: 988

Nurse Advice Line:

(Toll-Free) 1-855-607-7827

Telecommunication Device for the Deaf:

(TDD) 1-800-390-1175 or 711

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 dentro de 24 horas o tan pronto como sea posible.

DISPONIBLE 24 HORAS AL DÍA/7 DÍAS A LA SEMANA:**Departamento de servicios para Miembros**

y coordinación de servicios: (Gratis) 1-855-607-7827

Servicios de salud mental: (Gratis) 1-844-541-2347

Línea 24/7 de prevención del suicidio y crisis: 988

Línea de consejos de enfermeras:

(Gratis) 1-855-607-7827

Dispositivo de telecomunicaciones para sordos:

(Línea TDD) 1-800-390-1175 o 711

FOR PROVIDERS AND HOSPITALS

Notice: All inpatient admissions require pre-authorization, except in the case of emergency. Submit requests through the Community First Provider Portal, call 210-358-6050, or fax 210-358-6382 within 24 hours.

Submit professional/other claims to:

Community First Health Plans

PO Box 240969, Apple Valley, MN 55124

CFHP_1335GOV_0221

Submit electronic claims to Availity:

Payer ID = COMMF

Pharmacy Help Desk: 1-877-908-6023



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