Side A:



Schoeller Bleckmann

Member Name: #Type! Group #: 1219

Member ID:

Physician Copay: \$20 Submit Medical Claims to: Electronic Payer ID# 41205

Specialist Copay: \$35 P.O. Box 21515 Eagan, MN 55121

Providers Call: 1-800-748-8696

Members Call/Email: 1-800-748-8696 or clientservice@baslimited.com Provider Search: Call 866-945-2292 or visit www.healthcarehighways.com Inpatient hospitalization requires precertification; call number above.

Side B:



Schoeller Bleckmann

Script Care, Ltd.

Pharmacy Help Desk 1-800-880-9988 BIN # 004410 www.scriptcare.com

Group No 1219

Member ID:

Member Name: #Type!

REVERSE SIDE CONTAINS MEDICAL INFORMATION