



# Becoming Familiar with Insurance Cards

## Medicare Parts A, B

**MEDICARE HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY  
**JANE DOE**

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **FEMALE**

IS ENTITLED TO **HOSPITAL (PART A) MEDICAL (PART B)** EFFECTIVE DATE **07-01-1986**

SIGN HERE → *Jane Doe*

## Medicare Advantage

**Horizon Medicare Blue TotalCare (HMO SNP)**

Member Name: J D DOE JR  
 Member ID Number: **YHV3HZN12345678**  
 GROUP NUMBER: 00421B2  
 EFFECTIVE DATE: 01/01/2012  
 BC/BS PLAN CODES: 280/780

OFFICE VISIT: \$00  
 SPECIALIST: \$00  
 EMERGENCY ROOM: \$00

CMSH3154-020  
 RXBIN 004336  
 RXPCN MEDDADV  
 ISSUER (80840)  
 RXGRP RXHRZN

MedicareRx  
 Prescription Drug Coverage

## Medi-Cal BIC

**State of California**

**Benefits Identification Card**

ID No. **90000000A95001**

**SUE G RECIPIENT**

F 05 20 1993 Issue Date 01 01 05

## Private Insurance PPO

**Sample Blue Shield ID Card**

blue shield of california

Subscriber	Group #	X0001000
MEMBER NAME	Effective	01/01/2014
ID# XEK000000000	Coverage	FAMILY
	Plan	PPO
	Rx	Yes

**BASIC PPO** 1

Note: Information on how to contact the insurer is usually on the back of the card. Be sure to copy BOTH sides for the patient's file.