



BlueCross BlueShield
of Tennessee

BlueAdvantage
XXX

Subscriber Name

Medical/Dental



Subscriber ID
ZXDxxxxxxxxxx

Medicare Contract # H7917xxx

Group No. xxxxxx

Copayments:

OV xx

SPEC xx

ER xx

VIS

Issuer 80840

RXBIN 610014/RXPCN MEDDPRIME

RXGRP BCTMAPD

(PCP) Primary Care Provider

MedicareRx
Prescription Drug Coverage X



**BlueCross BlueShield
of Tennessee**

An Independent Licensee of the
BlueCross BlueShield Association

Members: Present this card anytime you receive health care services.

Providers: Submit claims to your local BlueCross BlueShield Plan not original Medicare. Prior Authorization is required for admissions and other selected medical services. Report all emergency admissions within one working day. Medicare limiting charges apply.

This card is for identification
not for proof of eligibility.

Submit Claims to: BCBST
BlueAdvantage Operations
1 Cameron Hill Circle Ste 0002
Chattanooga, TN 37402 0002

bcbstmedicare.com

Member/Provider Service:

1-800-831-2583

TTY/TDD Line: **711**

Prior Authorization: **1-800-924-7141**

Clinical Vendor Prior Authorizations:

1-888-258-3864

(Required for: Advanced Radiological Imaging,
Musculoskeletal Services and Part B Meds)

Pharmacists: **1-800-922-1557**

Grid/Grid+ **1-800-831-2583**

VisionBlue: EyeMed **1-844-261-9034**

TruHearing: **1-844-330-8542**

CMS-H7917
xxx (xx/xx)
