

Arizona Foundation for Medical Care ID CARD STANDARDS

Proper identification of a covered person at the point of service is a vital aspect of an effective managed care program. To facilitate proper identification and avoid potential for balancing billing, claim delays, delays in precertification, etc, Arizona Foundation for Medical Care (AFMC) has developed insurance ID Card Standards. These Standards have proved to be effective and easily understandable.

All groups and individuals accessing any AFMC's networks must have ID cards that adhere to these Standards. Please note the following:

I. All group ID cards, individual plan cards and ID card revisions MUST be approved in writing by AFMC.

As soon as possible after the contract conclusion or any plan change in ID cards, please take the following steps:

1. Fax a first draft of the ID card to AFMC Business Relations and Communications Department.
2. AFMC will review the draft and the ID card will be faxed back with the suggested changes, if any.
3. Once a final ID card draft is received and approved, the approval notification is faxed back immediately to the Administrator.

PLEASE ALLOW 2-3 BUSINESS DAYS FOR THE APPROVAL PROCESS.

II. Appropriate to the plan offered, Foundation PPO, Foundation EPO, Foundation Point of Service (POS), or Foundation Select logo MUST appear on the FRONT of the ID card. It is not acceptable to have AFMC's name only. To obtain a camera-ready logo, call the AFMC Business Relations and Communications Department at 602-252-4042 or 800-624-4277 or e-mail marketing@azfmc.com.

III. The following items must appear on the ID card as worded and show on the following pages:

1. The name of the employer group must be on all group plan ID cards.
2. The date the employee became effective. **New 10/08**
3. The date the card is printed. **New 10/08**
4. Identification number of the insured must be on the ID card.
5. Full name of the insured must be on the ID card.
6. Instructions and phone number for Eligibility and Benefit Information.
7. Instructions and phone number for Utilization Management.
8. Phone number for generic plan questions.
9. Instructions and address for mailing claims for plan and non-plan claims.
10. Emdeon payer number 86062 for EDI claims.

Again, these are requirements for all health insurance ID cards. There is some flexibility available for other information (i.e. employer name, insurance company name/logo, pharmaceutical information, etc.). It is important that the wording is used as stated for ease of understanding and conveying the appropriate information. For small quantity, single case applications, ID card stickers are available.

Sample ID Card Front

Your Insurance Company is:

Insert appropriate AFMC logo here. (Refer to samples below.)

Effective Date:

Policy No. :

Insured Name:

Insured ID No.:

Group/Employer Group Name:

IMPORTANT: For Maximum Benefits, be sure to seek medical services from AFMC network providers. Please refer to your AFMC Directory of Participating Providers or contact AFMC at 602-252-4042 or 800-624-4277 for provider verification.

For Eligibility and Benefit Questions, contact your insurance company.

Sample ID Card Back

IMPORTANT: Please add Administrators Pre-Certification Requirements here:

Call AFMC CHOICE for pre-certification at 602-252-4042 or 800-624-4277.

Mail In-Network Claims to:

Arizona Foundation for Medical Care
PO Box 2909
Phoenix, AZ 85062-2909

Mail All Non-Network Claims to:

Payor Name
Address
City, State Zip

Emdeon Payer ID: 86062

* If utilizing a UM organization other than AFMC, please include Company Name and Phone Number.

AFMC Logos for use on ID Cards:

