



Unified Claims, Eligibility and
Benefits Inquiry: 800.291.5837
www.UnifiedGrp.com



Member

Plan: IDOH - HIAP
CARESOURCE

Group #: 51115

Client: Sample Employee

Member ID: 511170007100

Medical Plan

FOR CLAIMS SUBMISSION SEE BACK OF CARD

Pharmacy Plan

RXBIN: 900020
RXPCN: CLAIMNE
RXGRP: 51115

ProCare Rx

www.procarerx.com
Pharmacy: 800.213.5640

1061-XX 0862 51115-51117 --- M(NcP POS 1115)(D)(V)

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J068 Env [1] CSets 1 of 1





IDOH Medical Services Program

HIAP - This plan offers payment of the client's deductibles and copays. Please see primary carrier's insurance card for filing the insurance claim.

Send primary carrier's insurance EOBs to:
Unified Group Services, PO Box 210, Pendleton, IN 46064-0210

For eligibility verification online, visit www.UnifiedGrp.com.

Claims Submission

EDI: 35198

Mail: Unified Group Services, Inc.
PO Box 210
Pendleton, IN 46064-0210