



MedStar Family
Choice

DISTRICT OF COLUMBIA

**HEALTHY
DC★PLAN**

Last Name, First Name

DOB: 01/01/2020

Eff Date: 01/01/2026

Member ID#: 123456789

PCP Group Name:

PCP Phone:

CVS CareMark® RxPCN: ADV | RxBin: 004336 | RxGroup: RX25FY

Copayments: OV \$0 | RX \$0 | ER \$0

PRESENT THIS CARD FOR ALL HEALTH SERVICES

Enrollee Services: 24/7 by phone
MedStarFamilyChoiceHealthyDC.com

888-404-3549 or TTY711

24/7 Nurse Advice Line

855-798-3540

Behavioral Health

855-798-3540

Pharmacy/After Hours Prescription

833-297-3186

Notice to Providers: Most institutional services require prior authorization which may be obtained by calling **855-798-4244**. Submit EDI claims using Payer ID RP062. Paper medical claims should be mailed to **MedStar Family Choice DC, P.O. Box 211702, Eagan, MN 55121**. Call **800-261-3371** for claims questions. For questions regarding pharmacy claims submission, call **800-364-6331**.