

SecurityHealth PlanSM

Promises kept, plain and simple.®

Subscriber #: 050012345600

Medical Card

Grp#: 083445

mhn	name	dob
00123456	John Doe	06/16/1977
00234567	Jane Doe	01/22/1979
01234567	Jack Doe	05/03/2001
01876543	Jill Doe	07/26/2004

Security Health Plan Customer Service

Date Issued: 10/25/2017 Effective: 10/01/2017

Security Health Plan will cover your care only when received from an affiliated provider. Exceptions are emergency or urgent care or other specific situations as outlined in your member materials. In the event of an emergency, call Security Health Plan as early as possible. Some services may require prior approval, please call 1-800-991-8109. Failure to call may result in claims denial.

Provider Line

Provider: 1.800.548.1224

24-hour Nurse Line

1.800.549.3174

www.securityhealth.org

Send paper claims to:

Attn: Claims Department

Security Health Plan

PO Box 8000

Marshfield, WI 54449-8000



ER Copay: \$10

ER Copay Medicare Prime: \$15

Office Visit Copay: \$20

Office Visit Specialist Copay: \$25

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