

Neighborhood INTEGRITY (Medicare-Medicaid Plan) ID Card Sample

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 **Neighborhood Health Plan**
OF RHODE ISLAND™

Member Name: Cardholder Name
Member ID: Cardholder ID#
Health Plan (80840): 7104829339
Effective Date: Coverage Start Date

PCP Name: PCP Name
PCP Phone: PCP Phone

MEMBER CANNOT BE CHARGED
Copays: PCP/Specialist: \$0 ER: \$0 Rx: \$0

MedicareRx
Prescription Drug Coverage X

RxBIN: 004336
RxPCN: MEDDADV
RxGRP: RX2322

H9576 001

INTEGRITY 

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In an emergency, call 911 and ask for help or go directly to the nearest hospital emergency room.

Member Services: 1-844-812-6896 (TTY 711)
24-Hour Nurse Advice: 1-844-617-0563
Behavioral Health: 1-401-443-5995 (TTY 711)
Pharmacy Help Desk: 1-866-693-4620

Website: www.nhpri.org/INTEGRITY

Send Claims To: Neighborhood Health Plan of Rhode Island
P.O. Box 28259
Providence, RI 02908

Provider Inquiry: 1-800-963-1001