

DRURY UNIVERSITY  CoxHEALTH NETWORK

EMPLOYER - \*\*\* DRUN 003 \*\*\*

PLAN # DRUN

EMPLOYEE # 999999999

EMPLOYEE NAME - JANE DOE

MEMBER NAME - JOHNATHAN CHRISTOPHER DOE

COVERAGE TYPE - MED

RxBin: 800010

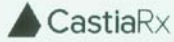
RxPCN: LDI

Rx Group: 85034

Pharmacy Help Desk: (866) 516-3121

Mail Order (866) 516-1121

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HealthSCOPE 1-800-403-1094 or [www.healthscopebenefits.com](http://www.healthscopebenefits.com)

IMPORTANT: Precertification is required prior to hospital admissions, within 48 hours of emergency admissions, select outpatient surgeries, diagnostic, ancillary and DME services. To precertify call 1-800-403-1094.

PROVIDER/MEMBER: To verify eligibility, benefits, claim status call 1-800-403-1094 or [www.healthscopebenefits.com](http://www.healthscopebenefits.com).

MEMBER: To find providers in CoxHealth Network call 1-417-269-2923 or [www.coxhealthnetwork.com](http://www.coxhealthnetwork.com).

TO FILE MEDICAL CLAIMS: Mail to HealthSCOPE Benefits, Inc. PO Box 16203, Lubbock, TX 79490-6203 Payer ID 71063

1-800-342-7188 or [www.outlookvision.com](http://www.outlookvision.com)

[www.myfirsthealth.com](http://www.myfirsthealth.com)

