

Magellan RX CARD PROOF

Please verify that all information printed below is correct. Make any required changes to this copy and fax back to our office. *If a card revision is necessary we will send a new card proof form for approval. Your signed and faxed back approval or confirmation e-mail is final authorization to print cards. **Cards will not be printed until approved by your office.**

CRAFTWORKS (Eff. 09/01/2019)



Prescription Identification Card

Member Name: JOHN DOE
Member ID: 123456789

MagellanRx
MANAGEMENT_{SM}

RxBIN: 017449
RxPCN: 6792000
RxGRP: PRXCWH
ISSUER (80840): 9151014609
PHARMACY CUSTOMER SERVICE: (855) 371-9778

PARTICIPANTS:
This card should be presented at a participating pharmacy when obtaining prescriptions.
Your pharmacist will let you know how much to pay at the point-of-sale.
The amount charged will depend upon your plan's design.
If you have any questions or to locate a participating pharmacy, please contact the Magellan Rx Pharmacy Help Desk.
The Help Desk is available 24 hours a day, 7 days a week.

PHARMACISTS:
Enter Cardholder's Member ID.
Enter Member's date of birth and gender.
Enter Relationship Code: 1 (Cardholder), 2 (Spouse), 3 (Child), 4 (Other).
Contact the pharmacy help desk for processing assistance.

Pharmacy Help Desk: (855) 371-9778
Magellan Rx Management
4801 E Washington St., Suite 100
Phoenix, AZ 85034

<input type="checkbox"/> Approved as is / Logo's Verified & Approved (please sign & date below) <input type="checkbox"/> Revise card (changes made above)*	<i>Please Check One:</i> <input type="checkbox"/> Issue new cards to all members. Charges may apply. <input type="checkbox"/> Use this new card design for on-going card orders only.
<hr/> <p style="text-align: center;">TPA or Group Approval - Signature & Date</p> <p style="text-align: center;">PLEASE email to Monica Varrica varricamm@magellanhealth.com.</p>	

FOR INTERNAL USE ONLY:	Received by MRx: _____ Initial Cards Printed: _____ Date Cards Mailed: _____	<input type="checkbox"/> Overnight <input type="checkbox"/> 2nd Day <input type="checkbox"/> Ground
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