



Enrollee: <FirstName> <Midlnit> <LastName>

Enrollee ID: <XXXXXXXXXX> Medicaid #: <XXXXXXXX>

Plan Name: <Plan Name> Date of Birth: <XX/XX/XXXX>

Effective Date: <XX/XX/XXXX>

<Primary Care Provider (PCP);>

<PhyFirst> <PhyLast>

RxBIN: <XXXXXX>

RxPCN: <XXXXXX>

RxGRP: <XXXXXX>

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<PCP Phone:> <1-XXX-XXX-XXXX>

<www.wellcare.com/Kentucky>

WellCare of Kentucky

<P.O. Box 438000 Louisville, KY 40253>

Customer Service: <1-877-389-9457>/TTY: 711

Provider Service: <1-855-679-3808>

24-Hour Nurse Advice Line: <1-800-919-8807>

24-Hour Behavioral Health Crisis Hotline: <1-855-661-6973>

Behavioral Health Customer Service: <1-855-620-1861>

<Vision:> <1-855-776-9466>

<Dental:> <1-855-806-5641>

Medical claims: WellCare Claims <P.O. Box 31224><Tampa, FL 33631-3224>

For emergencies, call 911 or go to the nearest ER.

Contact your **primary care provider** as soon as possible.