KY Medicaid English Card

Humana.

Humana Health Plan

ENROLLEE NAME

Enrollee ID: HXXXXXXXX

Medicaid ID#: XXXXXXXX
Date of Birth: XX/XX/XX
Effective Date: XX/XX/XX

Group #: XXXXXXX
RxBIN: 610649
RxPCN: 03191501

PCP Name: XXXXXXXXX
PCP Phone: (XXX) XXX-XXXX

Enrollee/Provider Service:	1-800-444-9137
Enrollee Behavioral Health Crisis Line:	1-XXX-XXX-XXXX
Pharmacist Rx Inquiries:	1-XXX-XXX-XXXX
24 Hour Nurse Line:	1-800-648-8097

Please visit us at **Humana.com**

For online provider services, go to [www.availity.com]

Please mail all claims to:

Humana Medical
P.O. Box 14601
Lexington, KY 40512-4601

Note: As of today this PDF meets State/Compliance guidelines and could be subject to change at any time. Notification will be communicated if Compliance guidelines change.