

Identification card

P PrimeWest
W HEALTH

Minnesota Health Care Programs

3905 Dakota St
Alexandria, MN 56308
www.primewest.org

Member:
ID #:
Issuer: (80840)
Care Type:
Med Grp:
Svc Type: Medical/Dental/Rx
RxGrp: PRW02
RxBIN: 017142 RxPCN: MNPROD1

Card issued: **Medi**impact

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<PrimeWest Health Product>

Identification card

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For Members (calls to these numbers are free)
For life-threatening emergencies, call 911
Member Services: 1-866-431-0801 **TTY:** 1-800-627-3529 or 711
Medical Questions: 1-866-201-4601 (24-Hour Nurse Line)
Complaints: 1-866-431-0801 **State Ombudsman:** 1-800-657-3729
Appeals: Department of Human Services, PO Box 64941, St Paul, MN 55164-0941

For Providers (calls to these numbers are free)
Provider Call Center: 1-866-431-0802 **Utilization Review:** 1-866-431-0803
Precertification (including after providing emergency care): 1-866-431-0803
Notification of hospital admission required within 1 business day
EDI submission: www.primewest.org/providers
Pharmacists: 1-800-788-2949 (MedImpact)
Pharmacy Claims: MedImpact Healthcare Systems
Fax: 1-858-549-1569
PO Box 509098, San Diego, CA 92150-9098

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	Minnesota Health Care Programs
3905 Dakota St Alexandria, MN 56308 www.primewest.org	
Member: ID #: Issuer: (80840) Care Type: Med Grp: Svc Type: Medical/Dental/Rx RxGrp: PRW01 RxBIN: 015574 RxPCN: PWPROD1	MedicareRx Prescription Drug Coverage CMS H2416 001 MediImpact
Card issued:	

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PrimeWest Senior Health Complete (HMO SNP)

Identification card

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For Members (calls to these numbers are free)
For life-threatening emergencies, call 911
Member Services: 1-800-366-2906 **TTY:** 1-800-627-3529 or 711
Medical Questions: 1-866-201-4601 (24-Hour Nurse Line)
Complaints: 1-800-366-2906 **State Ombudsman:** 1-800-657-3729
Appeals: Department of Human Services, PO Box 64941, St Paul, MN 55164-0941

For Providers (calls to these numbers are free)
Provider Call Center: 1-866-431-0802 **Utilization Review:** 1-866-431-0803
Precertification (including after providing emergency care): 1-866-431-0803
Notification of hospital admission required within 1 business day
EDI submission: www.primewest.org/providers
Pharmacists: 1-877-391-9294 (MedImpact)
Pharmacy Claims: MedImpact Healthcare Systems
Fax: 1-858-549-1569
PO Box 509108, San Diego, CA 92150-9108

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PrimeWest Senior Health Complete (HMO SNP)

Special Needs BasicCare (SNBC)

Identification card

PrimeWest Minnesota Health Care Programs
HEALTH

3905 Dakota St
Alexandria, MN 56308
www.primewest.org

Member:
ID #:
Issuer: (80840)
Care Type:
Med Grp:
Svc Type: Medical/Dental/Rx
RxGrp: PRW01
RxBIN: 015574 RxPCN: PWPROD1

Card issued:

MedicareRx
Prescription Drug Coverage
CMS H2926 001

MediImpact

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For Members (calls to these numbers are free)
For life-threatening emergencies, call 911
Member Services: 1-877-600-4913 **TTY:** 1-800-627-3529 or 711
Medical Questions: 1-866-201-4601 (24-Hour Nurse Line)
Complaints: 1-877-600-4913 **State Ombudsman:** 1-800-657-3729
Appeals: Department of Human Services, PO Box 64941, St Paul, MN 55164-0941

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