



Sample ID Card

Front



**Medicare HMO
Medicare Dental EPO**

Aetna Medicare Assure (HMO D-SNP)
PLAN# 000003-FL000017
ID 350004649300
NAME SAMPLE SAMPLETON
RxBIN 610502 RxPCN MEDDAET
RxGRP# RXAETD



ISSUER (80840)
Baptist Primary Care-440 Kingsley Avenue
904-264-9293
Printed on: 03/26/2020

H1609-039

Back

AetnaMedicare.com

Customer Service:	
Medical and Behavioral Health	1-866-409-1221
Dental	1-866-409-0937
Prescription Drug	1-833-620-8808
24 Hour Nurse Line	1-855-493-7019
Provider Services	1-800-624-0756
TDD/TTY	711

Send claims to: **PCPRequired/RefRequired**
Aetna Medicare
PO Box 981106
El Paso, TX 79998-1106

This card does not guarantee coverage.

Payer ID# 60054