Neighborhood INTEGRITY (Medicare-Medicaid Plan) ID Card Sample

**Front**

**Neighborhood Health Plan of Rhode Island**

Member Name: Cardholder Name
Member ID: Cardholder ID#
Health Plan (80840): 7104829339
Effective Date: Coverage Start Date

PCP Name: PCP Name
PCP Phone: PCP Phone

MEMBER CANNOT BE CHARGED
Copays: PCP/Specialist: $0 ER: $0 Rx: $0

H9576 001

**RxBIN:** 004336
**RxPCN:** MEDDADV
**RxGRP:** RX2322

**Back**

In an emergency, call 911 and ask for help or go directly to the nearest hospital emergency room.

Member Services: 1-844-812-6896 (TTY 711)
24-Hour Nurse Advice: 1-844-617-0563
Behavioral Health: 1-401-443-5995 (TTY 711)
Pharmacy Help Desk: 1-866-693-4620

Website: www.nhpri.org/INTEGRITY

Send Claims To: Neighborhood Health Plan of Rhode Island
P.O. Box 28259
Providence, RI 02908

Provider Inquiry: 1-800-963-1001