

Front of Member ID Card

 Neighborhood Health Plan OF RHODE ISLAND™ DUAL CONNECT	 Medicare^{Rx} Prescription Drug Coverage
Member Name: <Cardholder Name>	RxBIN: 004336
Member ID: <Cardholder ID#>	RxPCN: MEDDADV
PCP Group/Name: <PCP/Group Name>	RxGRP: RX21KF
PCP Phone: <PCP Phone>	
MEMBER CANNOT BE CHARGED	
Copays: PCP/Specialist: \$0 ER: \$0	
H2126	001

Back of Member ID Card

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 (TTY 711)

Pharmacy Help Desk: 1-866-693-4620 (TTY 711)

Provider Services: 1-800-963-1001

Website: www.nhpri.org/DualCONNECT

Send Claims To: Neighborhood Health Plan of Rhode Island
P.O. Box 28259, Providence, RI 02908-3700

Claim Inquiry: 1-800-963-1001