

# Bio-Behavioral Medical Clinics, Inc.

---

1060 W. Sierra Avenue, Suite 105 Fresno, CA 93711 (559) 437-1111 Fax (559) 437-1118

June 1, 2010

Dear Psychiatrist/Clinician:

BBMC, Inc. holds a capitation contract with Sante IPA to provide services for senior plans such as:

- \*Aetna Medicare (HMO)**
- \*Blue Shield 65 Plus (HMO)**
- \*Health Net Healthy Heart (Seniority Plus – HMO)**
- \*Humana Gold Plus (HMO)**
- \*Secure Horizons (AARP Medicare Complete - HMO)**

These senior plans are *Medicare replacements*. This means Medicare no longer applies as the patients' primary insurance. Normally the members' new insurance card will list Sante IPA as the medical group. Please keep in mind that not all plans will direct you to Sante for the mental health benefit and/or authorization.

Effective July 1, 2011, BBMC will no longer authorize retroactive authorizations. It is important that you verify benefits and eligibility. It is equally important that you obtain an authorization prior to an appointment.

Retroactive authorizations will only be considered for established patients who have had a change of insurance. Authorizations will then be granted based on continuity of care. All authorizations are valid for the number of visits authorized or prior to the term date, whichever comes first.

If a member is currently in treatment and insurance changes to any one of the above-listed, please submit treatment request along with copy of new insurance card. Upon review of the treatment request, an authorization will be processed for continued treatment. Authorization is given to providers who hold a contract with BBMC and who have been credentialed through Sante.

If you are treating for medication management and your patient needs individual psychotherapy, please refer member to BBMC for an appointment with one of our therapists. The same goes for individuals in psychotherapy who are in need of a medication evaluation, please refer them to BBMC.

If you need further clarification and/or have questions, please feel free to call Isabel Gonzalez at 437-1111 Extension# 232

BIO-BEHAVIORAL MEDICAL CLINICS, INC.

Enclosures: Sample Copies of Insurance Cards

# Aetna Medicare

HMO

HMO SELECT

MEMBER SINCE 2010

RX

ID MEBFWPFS

NAME  
 RxBIN 610502 RxPCN 00670000  
 GRP#: 354170  
 ISSUER (80840)

NARAIN, GURINDER P., MD  
 DR 559-875-5545 566090  
 SANTE COMMUNITY PHYS IPA MED GRP

MedicareRx  
 Prescription Drug Coverage X

DR 5 ER 50  
 SP 10 HO 150/D  
 AS 75

CMS- H0523 032

www.aetna.com

Benefits coverage is provided by Aetna Health of California Inc. Except in emergencies or for direct access benefits, referrals to specialists or hospitals must be issued by the primary care physician (PCP) you have selected before a covered service is performed. **OR YOU WILL BE RESPONSIBLE FOR THE COST OF THE SERVICE.** Benefits are provided under the terms of the applicable Medicare benefits contract, including limitations and exclusions. Network physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna.

**EMERGENCY/URGENTLY NEEDED CARE:** Call your local emergency hotline (ex. 911) or go to the nearest emergency facility. If a delay would not be detrimental to your health, call your PCP. Notify your PCP as soon as possible after treatment.

To verify Medicare Advantage coverage and benefits, providers call the Provider Line or members call Member Services.

SEND CLAIMS TO:  
 AETNA HEALTH OF CALIFORNIA INC.  
 PO BOX 981106  
 EL PASO, TX 79998-1106

IMPORTANT NUMBERS:  
 PROVIDER LINE: (800) 624-0756  
 MEMBER SERVICES AND  
 BEHAVIORAL HEALTH: (800) 282-5366  
 TDD LINE: (888) 760-4748

AT0112  
 Payer ID# 60054

5824-01/10

## blue of california

Blue Shield 65 Plus  
 (HMO)

Member  
 Membership number  
**XEEJ01239395-01**  
 Copayments  
 PCP/SPC \$10 ER \$50  
 RX G/BR \$5/\$15 AMB \$0  
 (30-day supply)

Group# MA5002  
 Year 43  
 Effective 01/01/10  
 Plan AGO  
 RxBin 600428  
 RxPCN 01920000  
 RxGrp MA5002  
 Issuer 80840 CMS H0504803

MedicareRx  
 Prescription Drug Coverage X

## blue of california

blueshieldca.com

PHYSICIANS AND PROVIDERS:

Prior approval: Telephone the physician named on this card prior to treatment in a non-emergency. Provision of routine treatment without prior authorization may result in non-payment.

Emergency care: Telephone the physician named on this card as soon as possible after treatment.

Pharmacy providers: To adjudicate online pharmacy claims, process to Argus using processor control #-01910000 and the membership number on this card.

Note: This card is for identification only. Call the number on the reverse side of this card to verify eligibility.

Blue Shield of California is an independent member of the Blue Shield Association. H0504\_09\_1818 RA 10192009

(800) 776-4466 Blue Shield 65 Plus  
 (HMO) Member Services, 7 am to 8 pm, seven days a week

(800) 794-1099 TDD/TTY  
 (877) 304-0504 NurseHelp 24/7

(800) 855-2881 TDD/TTY

PHYSICIANS AND PROVIDERS:

**(877) 654-6500** eligibility verification

Note: This card is for identification only.

Submit Medicare claims to:  
 Blue Shield 65 Plus (HMO), P.O. Box 5014  
 Woodland Hills, CA 91365-9623

Submit Rx claims to:  
 Blue Shield of California, Pharmacy Services  
 P.O. Box 7188, San Francisco, CA 94120-7188



Health Net Healthy Heart  
 (HMO)

Subscriber Name:

Subscriber #: R06454425

RxProcessor: Caremark  
 RxBIN #: 004336  
 RxPCN #: ADV  
 RxGroup: RX6270

Group # 00300B  
 Issuer: (80840)

CMS Contract H0562 011

MedicareRx  
 Prescription Drug Coverage X

Plan: 840 WITH PHARMACY HEALTHY HEART

You have selected the following medical group for your care. All medical services, with the exception of emergency, urgently needed services, or out of the area renal dialysis for ESRD members, as defined in your Evidence of Coverage, must be provided or arranged by:

Group/Physician Name:  
 SANTE COMMUNITY PHYSICIANS

PAM K JANDA  
 3045 N. First St.  
 FRESNO CA 93710-5444

PPG Eff. Date:  
 01-01-10

PPG #: 5160

PCP Copay: \$10 copayment

Group Phone: 1-559-228-5400 (TTY/TDD: 1-877-735-2929)  
 Physician Phone: 1-559-449-8200 (TTY/TDD: 1-877-735-2929)

# HUMANA.

Guidance when you need it most

**Humana Gold Plus (HMO)**

A Medicare Health Plan with Prescription Drug Coverage

**Member ID: H46820235**

RxBIN: 610649  
RxPCN: 03200000  
RxGRP: Q7173

Issuer: 80840

**Copayments**  
OFFICE VISIT: \$15  
SPECIALIST: \$30  
HOSPITAL EMERGENCY: \$50

**MedicareRx**  
Prescription Drug Coverage  
CMS H0108 004

Please visit us at [Humana.com](http://Humana.com)

**Member/Provider Service: 1-800-457-4708**  
TTY for Hearing or Speech Impairment: 1-800-833-3301  
Pharmacist/Physician Rx Inquiries: 1-800-865-8715  
From Outside the U.S.: + 1-800-457-4708  
IPA/Center Name: SANTE COMMUNITY PHYS  
Primary Physician: LEE R COPELAND MD  
Telephone: (559) 324-6200  
Humana Claims, PO Box 14601, Lexington, KY 40512-4601  
Supplemental Benefits: DEN843 VIS759  
CARD ISSUED: 12/29/2009

**AARP MedicareComplete**  
from SecureHorizons

Health Plan (30840) **911-87726-04**

Member ID: 1343844-01      Group Number **HCF AZ2**

Member:      PLAN CODE: QYM

Payer ID  
87726

PCP Name:  
**JANDA, PAM K**  
PCP Phone: (559) 449-8200  
SANTE COMMUNITY PHYS-FRESNO  
Copay: Office/ Spec/ ER  
\$15/ \$35/ \$50

AARP MedicareComplete Plan 3 (HMO)  
H0543 PBP# 125

**MedicareRx**  
Prescription Drug Coverage  
RxBin: 610097  
RxPCN: 9999  
RxGrp: SHCA

In an emergency go to the nearest emergency room or call 911.

Printed 12/07/10



This card doesn't guarantee coverage. To verify benefits, view claims, or find a physician, visit [www.aarpmedicarecomplete.com](http://www.aarpmedicarecomplete.com) or call member services Monday - Sunday 8:00 am to 8:00 pm

For Member Service: 1-800-950-9355      TDD 711  
Nurse Line: 1-877-365-7949      TDD 711

Dental: 1-800-950-9355      TDD 711

For Providers: [www.pacificara.com](http://www.pacificara.com)      1-888-866-8297  
Medical Claim Address: PO Box 30968 Salt Lake City, UT 84130-0968

**UnitedHealthcare**  
Medicare Solutions

**PHS**

Pharmacy Claims: RX Solutions PO Box 6082 Cypress, CA 90630-0082  
For Pharmacists: 1-877-889-6510