



NAME: Smith, John  
Insured ID: 123456789  
Certificate: GHSA123456789  
Effective: 19-MAY-2024

**This coverage contains precertification requirements (see back).  
Possession of this card does not guarantee coverage.**



Bin No.:123456  
Rx Group #: IMG123  
PCN#: URX001

Pharmacy Help Desk  
800.329.0988

Failure to comply will result in a reduction of benefits. To precertify, prenotify, or verify eligibility and/or benefits, please contact IMG at:

**Telephone:** +1.317.655.4500

**Email:** [customercare@imglobal.com](mailto:customercare@imglobal.com)

**Website:** [www . imglobal . com](http://www.imglobal.com) (Live Chat available)

**Online Provider Network:** [www . imglobal . com / provider](http://www . imglobal . com / provider)

#### Claim Filing Information

**Electronic Claim Payor ID:** IMGIN

**Mail claims to:** International Medical Group (IMG)  
Claims Department  
PO Box 240429  
Apple Valley, MN 55124 USA



**Fax:** +1.317.655.4505