

Identification (ID) card standards

We require our payors to put certain basic information on the ID card, including:


- Payor logo
- First Health Network logo
- Benefits and eligibility contact information
- Website and telephone number for locating a network provider
- Electronic payer ID for EDI claims
- Claim submission address
- Preauthorization contact information, if applicable

Some ID cards may have additional text, depending on the product the payor is using.


You'll find the network logo on either the front or back of the ID card. The location will vary depending on who the payer is and how they are using the network.

Have questions? Contact us at **1-800-226-5116**.

Sample ID card #1 (front and back)

<i>Front</i>	<div style="background-color: #f08080; padding: 5px; text-align: center; font-weight: bold; margin-bottom: 10px;">PAYOR LOGO HERE</div> <p>Employer's name MEMBER NUMBER: EFFECTIVE DATE: GROUP NUMBER:</p> <p style="text-align: right;">Network:  First Health Network</p> <p>INSURED NAME: PPO OFFICE CO-PAYMENT:</p> <p>MEDICAL COVERAGE Emergency room: Family:</p>	<i>Back</i>
	<p>Contact Information: Benefits/Eligibility Provider Locator Assistance 800-226-5116 Provider Locator Website www.myfirsthealth.com</p> <p>This card does not guarantee coverage. This policy provides automatic assignment of benefits to the provider.</p> <p>Electronic (EDI) claims should be sent to: Client's Payor ID:</p> <p>All claims with itemized bills including diagnosis should be mailed to:</p>	

Sample ID card #2 (front and back)

<i>Front</i>	<div style="background-color: #f08080; padding: 5px; text-align: center; font-weight: bold; margin-bottom: 10px;">PAYOR LOGO HERE</div> <p>Employer's name MEMBER NUMBER: EFFECTIVE DATE: GROUP NUMBER:</p> <p style="text-align: right;">Network: <i>(Primary Network Logo)</i></p> <p>INSURED NAME: PPO OFFICE CO-PAYMENT:</p> <p>MEDICAL COVERAGE Emergency room: Family:</p>	<i>Back</i>
	<p>Contact Information: Benefits/Eligibility Provider Locator Assistance 800-226-5116 Provider Locator Website www.firsthealthcomplementary.com</p> <p>This card does not guarantee coverage. This policy provides automatic assignment of benefits to the provider.</p> <p>Electronic (EDI) claims should be sent to: Client's Payor ID:</p> <p>All claims with itemized bills including diagnosis should be mailed to:</p> <p style="text-align: center;"> First Health Network Complementary <i>(client program name here, if applicable)</i></p>	