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ABC Health Care, Inc.
 1 Main Street
 New York, NY 11111-1111

**ABC HEALTH CARE
 NETWORK PLAN**

Administered by ABC Health Care, Inc.

Subscriber Name: **JOHN Q. SAMPLE**
 I.D. #: **123456789** 01 Effective Date: **01/01/2000**
JANE SAMPLE 02
JACK SAMPLE 03 Group #: **01234**
CAITLIN SAMPLE 04 Plan: **POS**
RACHEL SAMPLE 05
SAMUEL SAMPLE 06

Office Visit: \$10 Emergency Room: \$0 Hospital Inpatient: \$0

JOHN Q. SAMPLE
 21 ANY STREET
 ANY TOWN, NY 12345

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Office Visit: \$10 Emergency Room: \$0 Hospital Inpatient: \$0

MEMBERS: Carry this card at all times and present when receiving services. Except for emergencies, covered services must be provided or authorized by your Primary Care Physician to be eligible for In-Network coverage.

EMERGENCIES: If you receive emergency services, please notify ABC within 48 hours. All emergency hospital admissions must be reported to ABC within 48 hours of admission. All non-participating hospitals should mail claims to ABC.

Mail claims and inquiries to: ABC Health Care, Inc.
 1 Main Street
 New York, NY 11111-1111

For benefits, eligibility and claims call customer service at 1-800-555-5555

MENTAL HEALTH/SUBSTANCE ABUSE: To precertify call ABC at 1-800-555-5555, 24 hrs/7 days a week. Failure to do so may result in reduced or no coverage.

www.abchealthcare.com

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Approved, no corrections

the *system* is the difference®

**Corrections as noted.
 - New Proof required -**

Approved By _____

Date _____