

PUEBLO HEALTH CARE, INC.
Consolidated Associations of Railroad Employees (CARE)
1-800-334-1330

Contract Last Modified Date:	August 17, 1995
Plan Address:	P.O. Box 6130 Temple, TX 76503-6130
Plan Products:	PPO
Copayment:	In-Network-No Referrals needed. Co-pays are plan specific. Please refer to Subscriber ID Card.
Referral/Precertification:	1-800-334-1330
Eligibility/Benefit Status Questions:	1-800-334-1330
Timely Filing:	None stated
Timely Payment:	60 Days Following Receipt of Clean Claim
Termination:	30 Days Written Notice
Claims Inquiries:	1-800-334-1330
Fax:	1-254-774-7652 for Claims Submission
Web Address:	www.carehealthplan.com
Billing:	Refer to Subscriber's ID Card
Lab:	Refer to Provider Directory or Contact Customer Service
Physical Therapy:	Refer to Provider Directory or Contact Customer Service
Home Health:	Refer to Provider Directory or Contact Customer Service
Contracted Facilities:	Parkview Medical Center
X-Ray Facilities:	Refer to Provider Directory or Contact Customer Service
Reimbursement:	Refer to Group Specific Matrix