

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

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| 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 |