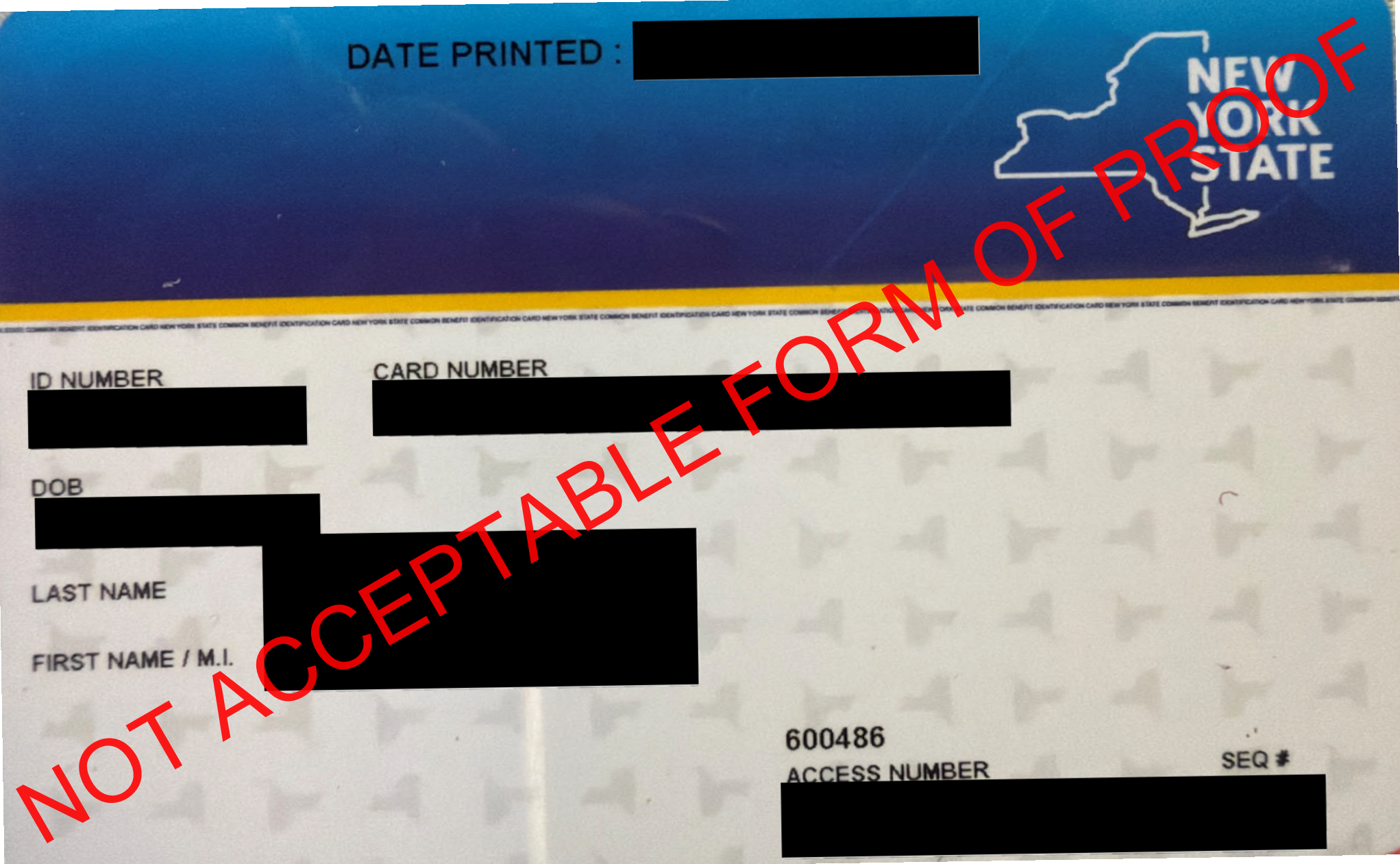
DATE PRINTED :
[redacted]
NEW YORK STATE
NOT ACCEPTABLE FORM OF PROOF
ID NUMBER
[redacted]
CARD NUMBER
[redacted]
DOB
[redacted]
LAST NAME
[redacted]
FIRST NAME / M.I.
600486
ACCESS NUMBER
SEQ #
[redacted]

Member ID#: [redacted]

Member Name: [redacted]

FIDELIS CARE

PCP Name: [redacted]

PCP Telephone: [redacted]

RxBIN: [redacted]

RxPCN:

RxGRP:

Member Services:

1-888-343-3547 (TTY: 711)

www.fideliscare.org

Dental Benefits

Family Link ID#: [redacted]