



Unified Claims, Eligibility and
Benefits Inquiry: 800.291.5837
www.UnifiedGrp.com



Member

Plan: IDOH - MDAP

Group #: 52256

Client: Sample Employee

Member ID: 522560007100

Pharmacy Plan

RXBIN: 900020
RXPCN: INMDAP
RXGRP: 52256

ProCare Rx

www.procarerx.com
Pharmacy: 800.213.5640

PROBATION
ACTIVE - Rule 616/217.59

1061-XX 0990 52256-52256- M(0)(V)0

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J0A0 Env [1] CSets 1 of 1





IDOH Medical Services Program

MDAP - IDOH will reimburse the deductible, co-payment and coinsurance amounts that Medicare Part D allows, but does not pay. To file a paper claim for reimbursement, please send your Client ID number and pharmacy receipt (must include Client's Name, Name of Drug Being Dispensed, NDC Number, Date of Service and Charge Amount) to Unified Group Services, PO Box 10, Pendleton, IN 46064-0010.

For eligibility verification online, visit www.UnifiedGrp.com.

Pharmacy Claims

EDI: 35198

Mail: Unified Group Services, Inc.
PO Box 10
Pendleton, IN 46064-0010