


Moda Summit Health Medicare Advantage Network ID Card Example



**Summit Health Core (HMO-POS)**

CMS H2765-001

**Subscriber**  
Ariel Test

**Issuer:** 80840-10017515  
**ID number:** M00624075  
**Group number:** 10017515  
**Mobile PIN code:** 0123

RxBIN: 610602  
RxPCN: NVTPARTB  
RxGrp: MDHP

[yoursummithealth.com](http://yoursummithealth.com)

Customer Service: 844-827-2355  
24-hour Nurse line: 866-321-7580  
TruHearing: 844-277-6322  
VSP: 844-820-8723  
TTY users, please dial 711

**Send claims to:**  
Medical Claims:  
P.O. Box 820070  
Portland OR 97282

Navitus  
provider inquiries:  
866-270-3877

