



## Member

Woodgrain  
Group ID No.: 0010711  
Covered Person: JOHNS AMPLE  
Participant ID#: SMPL0001

Type of Coverage	Effective Date
Family	12/15/2010

Dependent(s)  
JANE AMPLE



## Medical



## Pharmacy

RxBin: 600471  
PCN: 7777  
RxGrp: 5285

Customer Service: 1-888-554-8714



## Claims Submission

Provider Submit Medical Claims to:  
Allegiance  
PO Box 3018  
Missoula, MT 59804  
Paper ID 81040

## Utilization

Pre-Certification is required for inpatient hospital stays. Pre-Treatment Review is recommended for certain outpatient procedures listed in your Summary Plan Description. Report all emergency admissions within 72 hours. Call 1-800-342-6510 and follow your Plan's procedure for Pre-Certification and Pre-Treatment Review.

## Important Numbers

24-hour Verification of Coverage:  
(406) 523-3199

Customer Service: 1-800-877-1122

Visit Our Website at: [www.askallegiance.com](http://www.askallegiance.com)

This card does not guarantee eligibility or payment.