



312 S. Fourth St., Suite 700
Louisville, KY 40202

Welcome to Molina Healthcare!


<Member_Name_1>
<Alternate_1_Address>
<Delivery_Address>
<City>, <State>, <ZIP +4>

<Letter_Date>

Welcome to the Molina Healthcare family! Begin using this new ID card right away. You will need it to receive health care services and prescription drugs. Carry your ID card with you at all times. **Your Primary Care Provider is listed on the ID card.** Check to make sure this information is correct. To change your Primary Care Provider, visit MyMolina.com, log onto the Molina mobile app, or call Member Services.

If you have any questions, call Member Services. The number is on the back of your ID card

Member ID Card_1



Molina Medicaid

Member: <MemFIRST><MemMI><MemLAST> Effective Date: : <Mem_Eff_Date>
Member #: <MemID>
Date of Birth: <DOB>

Primary Care Provider: <PCPNAM> RxBIN: <RXBIN>
PCP Tel: <PCPPHN> RxPCN: <RXPCN>
PCP Address: <PCP_ADDRESS_1> RxGRP: <RXGroup>
RxID: <MemID>

Member Service: (XXX) XXX-XXXX
TTY (XXX) XXX-XXXX or 711
Hours: 7:00 am to 7:00 pm EST.
Monday to Friday

24 Hour Nurse Advice Line
English: 1-888-275-8750 Spanish: 1-866-648-3537 TTY: 1-866-735-2922

MyMolina.com

Member ID Card_2

Emergency Services: Call 911 or go to the nearest emergency room (ER). If you are not sure whether you need to go to the ER call your Primary Care Provider or our Nurse Advice Line.

24-Hour Behavioral Health Crisis Line: Call 911 or go to the nearest emergency room (ER). If you are not sure whether you need to go to the ER call your Primary Care Provider or our Nurse Advice Line.


Providers/Hospitals: Visit <http://Provider.MolinaHealthcare.com> or call (855) 322-4079 for prior authorization, eligibility, claims or benefits. Hospitals must have authorization prior to all non-emergency admissions.

Pharmacists: For questions, call (855) 322-4079.

Claim Submissions: P.O.Box 22712, Long Beach, CA 90801; EDI Claims: WebMD-Payor #20149

MolinaHealthcare.com

Member ID Card_3



Molina Medicaid

Member: <MemFIRST><MemMI><MemLAST> Effective Date: : <Mem_Eff_Date>
Member #: <MemID>
Date of Birth: <DOB>

Primary Care Provider: <PCPNAM> RxBIN: <RXBIN>
PCP Tel: <PCPPHN> RxPCN: <RXPCN>
PCP Address: <PCP_ADDRESS_1> RxGRP: <RXGroup>
RxID: <MemID>

Member Service: (XXX) XXX-XXXX
TTY (XXX) XXX-XXXX or 711
Hours: 7:00 am to 7:00 pm EST.
Monday to Friday

24 Hour Nurse Advice Line
English: 1-888-275-8750 Spanish: 1-866-648-3537 TTY: 1-866-735-2922

MyMolina.com

Member ID Card_4

Emergency Services: Call 911 or go to the nearest emergency room (ER). If you are not sure whether you need to go to the ER call your Primary Care Provider or our Nurse Advice Line.

24-Hour Behavioral Health Crisis Line: Call 911 or go to the nearest emergency room (ER). If you are not sure whether you need to go to the ER call your Primary Care Provider or our Nurse Advice Line.

Providers/Hospitals: Visit <http://Provider.MolinaHealthcare.com> or call (855) 322-4079 for prior authorization, eligibility, claims or benefits. Hospitals must have authorization prior to all non-emergency admissions.

Pharmacists: For questions, call (855) 322-4079.

Claim Submissions: P.O.Box 22712, Long Beach, CA 90801; EDI Claims: WebMD-Payor #20149

MolinaHealthcare.com

Nondiscrimination Notice

Molina Healthcare of Kentucky (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language

If you need these services, contact Molina Member Services at (XXX) XXX-XXXX, log on to MyMolina.com or visit one of our regional Molina One-Stop Help Centers.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a grievance. You can file a grievance in person, by mail, fax, email, or through MyMolina.com, our secure member portal. If you need help writing your grievance, we will help you. Call our Civil Rights Coordinator at (XXX) XXX-XXXX, or TTY, 711. Mail your grievance to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your grievance to civil.rights@MolinaHealthcare.com. Or, fax your grievance to (XXX) XXX-XXXX.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. If you need help, call 1-XXX-XXX-XXXX; TTY XXX-XXX-XXXX.

ATTENTION: If English is not your first language, you can get language assistance services, free of charge. Call X-XXX-XXX-XXXX. If you are deaf or hard of hearing, call 711 for TTY.

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al X-XXX-XXX-XXXX (TTY: 711).

Chinese – 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 X-XXX-XXX-XXXX (TTY : 711) 。

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: X-XXX-XXX-XXXX (TTY: 711).

Vietnamese – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số X-XXX-XXX-XXXX (TTY: 711).

Arabic – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم X-XXX-XXX-XXXX (711: رقم هاتف الصم والبكم).

Serbo-Croatian – OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite X-XXX-XXX-XXXX (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Japanese – 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。X-XXX-XXX-XXXX (TTY: 711) まで、お電話にてご連絡ください。

French – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le X-XXX-XXX-XXXX (TTY : 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. X-XXX-XXX-XXXX (TTY: 711) 번으로 전화해 주십시오.

Pennsylvanian Dutch – Wann du Deitsch Pennsylvania German schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call X-XXX-XXX-XXXX (TTY: 711).

Nepali – ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरु निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् X-XXX-XXX-XXXX (टिटिवाइ: 711) ।

Cushite – XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa X-XXX-XXX-XXXX (TTY: 711).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните X-XXX-XXX-XXXX (телетайп: 711).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa X-XXX-XXX-XXXX (TTY: 711).

Bantu – ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona X-XXX-XXX-XXXX (TTY: 711).