



NAME

MEMBER #

GROUP #

SEX

D.O.B.

BENEFIT CODE

EFFECTIVE DATE

**MEMBERSHIP CARD**

**Subscriber:** This is your HealthChoice medical card. Use of this card constitutes acceptance of the terms and conditions. It is your responsibility to verify participating providers and services as set forth in the HealthChoice Subscriber Certificate. Only the member/covered dependent(s) are covered for services, any misuse may result in prosecution.

**Providers/Hospitals:** All specialty, outpatient, diagnostics and elective procedures require an authorization from case management prior to treatment. Inpatient services must be authorized within 24 hours of admission. For pre-authorization, call 855-499-3232.

Medical: SGRX  
Customer Service: 855-499-3232 Fax: 313-264-0988

Prescriptions: SGRX RxBIN#: 015202 RxPCN#: SGRX  
Pharmacy Customer Service: 855-367-7479

Laboratory services/claims: **Joint Venture Hospital Labs (JVHL)** 1-800-445-4979

Dental: **DENCAP Dental Plans** 313-972-1400

Vision: **Heritage Vision** 800-252-2053

Mail itemized claims to: SGRX, P.O. Box 36171, Grosse Pointe Farms, MI 48236 or **Payer ID: 29094 Payer Name:**

**SGRX**

This card does not guarantee eligibility or payment. Call to verify eligibility: 855-499-3232 or visit [www.sgrxhealth.com/healthchoice](http://www.sgrxhealth.com/healthchoice)