



Name: MAL, ANA  
Insured ID: 12345678  
Certificate: VIC1234567890  
Effective: 19-MAY-2022

**This coverage contains precertification requirements (see back).  
Possession of this card does not guarantee coverage.**



Bin No.: 610000  
Rx Group #: IMG123  
PCN#: URX000

Pharmacy Help Desk  
800.329.0988

Failure to comply will result in a reduction of benefits. To precertify, prenotify, or verify eligibility and/or benefits, please contact IMG at:

**Telephone:** +1.317.655.4500

**Email:** [customercare@imglobal.com](mailto:customercare@imglobal.com)

**Website:** [www . imglobal . com](http://www.imglobal.com) (Live Chat available)

**Online Provider Network:** [www . imglobal . com / provider](http://www . imglobal . com / provider)

#### **Claim Filing Information**

**Electronic Claim Payor ID:** IMGIN

**Mail claims to:** International Medical Group (IMG)  
Claims Department  
PO Box 9162  
Farmington Hills, MI 48333-9162  
USA

**Fax:** +1.317.655.4505