

2024 IEHP Medi-Cal ID Card



Name: **[Member Name]**

Member ID: **[0123456789]**

PCP Effective Date: **[00/00/2024]**

PCP: **[PCP Name]**

PCP ID: **[PCP ID]**

PCP Phone: **[1-234-567-8901]**

Medical Group:

[Medical Group Name]

Hospital:

[Hospital Name]

Copays: PCP Office Visit: **[\$0]**

Urgent Care: **[\$0]**

ER Visit: **[\$0]**



In case of an Emergency: Go to the nearest Emergency Room (ER).

Emergency Services are covered by IEHP without Prior Authorization, and at no cost to the Member.



Member Services: **1-800-440-IEHP (4347)** or TTY **1-800-718-4347**, Monday-Friday, 7am-7pm and Saturday-Sunday, 8am-5pm.



Behavioral Health: **1-800-440-IEHP (4347)** or TTY **1-800-718-4347**. Emotional Crisis & Suicide Hotline: **988**



24-Hour Nurse Advice Line: **1-888-244-IEHP (4347)** or TTY **711**



Medi-Cal Rx Call Center Line: **1-800-977-2273**



Visit us at **iehp.org**