Navigating Your Patients' Medical Insurance and Pharmacy Benefits

The fact that your patients may have two different cards (one for **medical insurance**

and another for **pharmacy benefits**) can be a confusing issue, but it doesn't have to be. Some patients may have a separate card *just* for prescription benefit coverage and some may not. It is important to find out this information up front and early in the process to help alleviate confusion.

Finding your way through the differences

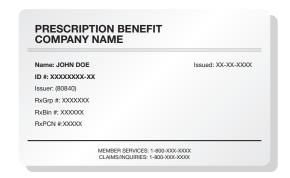
MEDICAL INSURANCE CARD SAMPLE



A medical insurance card typically identifies a patient's coverage for medical needs like doctor's office visits or hospitalizations and emergency room visits.

- You may see abbreviations on this card such as "OV" (office visit), "ER" (emergency room), or "BH" (behavioral health)
- The front of the card usually states a patient's ID number, group number, and other identifying information
- The back of the card often includes important phone numbers for patients to call if they have questions about their coverage

PRESCRIPTION BENEFIT CARD SAMPLE



A prescription benefit card informs the pharmacy about how they should bill a patient's prescription.

- This is a different process than what doctors use to bill for their services. Insurers often use companies known as prescription benefit managers (PBMs) to manage prescription coverage
- A separate pharmacy benefit card is often provided to patients just for their prescriptions

