



RxBIN 017688  
RxPCN 9743  
RxGRP 19028  
Issuer (80840) 9151014609

ID \_\_\_\_\_

NAME \_\_\_\_\_

[www.empirxhealth.com](http://www.empirxhealth.com)

**Member Services:** for detailed information about your benefit program or to locate a participating pharmacy call 1-877-262-7435 / TDD: 1-888-907-0020 or visit [www.empirxhealth.com](http://www.empirxhealth.com)

**E-prescribe for Mail Order: Benecard Central Fill**

**Pharmacy Help Desk Assistance:** 1-888-907-0050

**Prior Auths/DUR:** 1-888-723-6001

**Mail Paper Claims To:**

EmpiRx Health, PO Box 1339, Mechanicsburg, PA 17055



*This card may be used to obtain prescriptions at EmpiRx Health participating pharmacies. This card is not proof of eligibility and is void when your eligibility terminates. Improper or fraudulent use of this card to obtain prescriptions is punishable by law.*