



# Gold Coast Health Plan<sup>SM</sup>

A Public Entity

Welcome to Gold Coast Health Plan!

Here is your GCHP Member ID Card. Please make sure the information on your card is correct. If you find any mistakes, Call Member Services at 888-301-1228. If you did not pick a doctor or clinic, we selected one that is close to you. If you want to change your doctor, call us.


Bring this card when you visit your doctor or pharmacy.

Also enclosed is the member handbook. It has helpful information about your benefits and services.

Wishing you good health,

Member Services Department

(Please remove card)

 <p><b>Gold Coast Health Plan<sup>SM</sup></b> A Public Entity</p> <p><a href="http://www.GoldCoastHealthPlan.org">www.GoldCoastHealthPlan.org</a></p> <table><tr><td><b>Member Name:</b></td><td><b>PCP Name:</b></td></tr><tr><td>John Doe</td><td>Dr. John Smith</td></tr><tr><td><b>D.O.B.:</b></td><td><b>PCP Phone:</b></td></tr><tr><td>6/1/1999</td><td>805-999-9999</td></tr><tr><td><b>Member ID#</b></td><td><b>Effective Date:</b></td></tr><tr><td>99999999A</td><td>09/09/2011</td></tr><tr><td></td><td><b>Rx Bin:</b></td></tr><tr><td></td><td>012345</td></tr></table>	<b>Member Name:</b>	<b>PCP Name:</b>	John Doe	Dr. John Smith	<b>D.O.B.:</b>	<b>PCP Phone:</b>	6/1/1999	805-999-9999	<b>Member ID#</b>	<b>Effective Date:</b>	99999999A	09/09/2011		<b>Rx Bin:</b>		012345	<p>This card does not prove eligibility nor guarantee coverage. Emergency services provided to plan members will be reimbursed by Gold Coast Health Plan (GCHP) without prior authorization. Please notify the PCP on the front of this card within 24 hours of emergency treatment. Please call the health plan at 888-301-1228 for information about authorizations. GCHP is a Medi-Cal Health Plan.</p> <table><tr><td><b>WHO TO CONTACT</b></td><td><b>PROVIDERS</b></td></tr><tr><td><b>MEMBERS</b></td><td></td></tr><tr><td>Member Services: 888-301-1223</td><td>Claims Address: GCHP, P.O. Box 9152, Oxnard, CA 93031</td></tr><tr><td>Pharmacy: Script Care 888-531-0998</td><td>Prior Authorization Fax Number: 888-310-3660</td></tr></table>	<b>WHO TO CONTACT</b>	<b>PROVIDERS</b>	<b>MEMBERS</b>		Member Services: 888-301-1223	Claims Address: GCHP, P.O. Box 9152, Oxnard, CA 93031	Pharmacy: Script Care 888-531-0998	Prior Authorization Fax Number: 888-310-3660
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