

## Temporary Proof of Membership in Humana's Medicare Plans

Application ID Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Primary Care Physician (PCP): \_\_\_\_\_

PCP Phone (if applicable): \_\_\_\_\_

Copayment: PCP \_\_\_\_\_ Specialist \_\_\_\_\_ ER \_\_\_\_\_

\_\_\_\_\_  
(Agent Signature) (Date)

\_\_\_\_\_  
(Member Signature) (Date)

GN-85023-RR Medicare approved HMO, PPO, PDP and PFFS plans. 02/06

## Humana Medicare Plans

New Member Services: 1-888-839-7316

Monday-Friday, 8 a.m. – 6 p.m.

TDD# (for hearing impaired): 1-800-833-3301

24-Hour Precertification: 1-800-523-0023

Doctor and Hospital: Preadmission certification is required for all nonemergency and nonurgent services for HMO plans; however, it is requested for PPO and PFFS plans.

Providers can call Provider Relations at 1-866-291-9714 for PFFS plan terms and conditions.

Medicare Plan: GR: \_\_\_\_\_ Rx Plan: PCN: 03200000

BN: \_\_\_\_\_ BN: 610649

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)