

FRONT OF CARD



PRISM Rx

Camp Lejeune Family Member Temporary Prescription Card

Beneficiary Name

Include this Member Number on all claims and letters

"Patient SSN"

RxPCN	HH	Phone 1-855-218-4613
RxGrp	PRXS001	Fax 866-279-0307
BIN#	017522	

BACK OF CARD

Submit completed Claim Form To:

U.S. Department of Veteran Affairs
Financial Services Center
P.O.Box 149200 Austin, TX 78714-9500

Customer Care: 1-855-218-4613

Hours of Operation:

Monday - Friday 7:00 a.m. - 9:00 p.m. (CST)
Saturday 10:00 a.m. - 3:00 p.m. (CST)

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