

FRONT OF CARD



Camp Lejeune Family Member Temporary Prescription Card

Beneficiary Name

Include this Member Number on all claims and letters

RxPCN	IRX	Phone 1-855-218-4613
RxGrp	001CLFMP	Fax 866-279-0307
BIN#	610011	

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 6:00 a.m. - 10:00 p.m. (CST)
Saturday - Sunday 8:00 a.m. - 4:30 p.m. (CST)

PrismRx,LLC, is a wholly owned subsidiary of Heritage Health Solutions, Inc.