

FRONT OF CARD



Camp Lejeune Family Member Temporary Prescription Card

Beneficiary Name

Include this Member Number on all claims and letters

RxPCN	ADV	Phone 1-855-218-4613
RxGrp	RX21CL	Fax 866-279-0307
BIN#	004336	

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.