

GROUP NUMBER: CRVB-2380-02

MEMBER ID: 986008036

INSURED NAME: VIJAYA KALLALA

DATE OF BIRTH: 11/5/1971

CERTIFICATE#: 2614639

EFFECTIVE DATE: 12/7/2024

TERMINATION DATE: 5/31/2025

DEDUCTIBLE - \$0

PRESCRIPTIONS - PAY AND CLAIM

This card does not guarantee coverage. This plan provides automatic assignment of benefits to the provider.

This is a Scheduled Benefit Plan

CONTACT INFORMATION



Benefits/Eligibility/Claim Status Toll Free: +1 833-313-5651
Direct: +1 251-322-7443

Pre-Certification 844-723-0324 or visit mysurego.com/precert

24 HOUR EMERGENCY ASSISTANCE/EVACUATION

On Call International TOLLFREE 888-699-1401 Direct 603-952-2075

Electronic (EDI) Claims should be sent to Payor ID: **89207**

All claims with itemized bills including diagnosis, should be mailed to:
Surego Administrative Services
PO Box 241989
Apple Valley, MN 55124