

GROUP NUMBER: CRVB-2380-02

MEMBER ID: 986008035

INSURED NAME: SAGAR REDDY KALLALA

DATE OF BIRTH: 11/15/1963

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](https://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**