

Express Scripts
P.O. Box 14235
Lexington, KY 40512

First-Class Mail Enclosed

Return Service Requested

1 0
123456789123//6056//XXXX//LSP1527//XXXX//XXXXXXXXXXXX
//00//11139//1234///20110516 CID PMM-MWK

JOHN Q. SAMPLE
P O BOX 816
ANYTOWN, GA 30307



<Client Logo>

****IMPORTANT****

Your Express Scripts Medicare[®] (PDP) member prescription ID card is below. Please detach and place in your wallet.

Note: Your member ID number is indicated as “ID No” on your card.
Please have this number available when you call Express Scripts with any inquiries.

Detach
Card



	EXPRESS SCRIPTS [™] Medicare (PDP)	<Client Logo>
Prescription ID Card		
RxBIN	610014	
RxPCN	MEDDPRIME	
RxGrp	XXXXXXXX	
Issuer (80840)	9151014609	
ID No.	AZZA27012308	
Name	JOHN Q. SAMPLE	
Issued	XX/XX/XXXX	
		MedicareRx Prescription Drug Coverage X CMS-S5660-XXX

Detach
Card



T0USXS7W
0000001010100

Member Customer Service: **1.XXX.XXX.XXXX**
TTY Users: **1.XXX.XXX.XXXX**
Web: **www.xxxxxxxxx.com**

Pharmacist Use Only: **1.800.922.1557**