



## SAMPLE MEMBER IDENTIFICATION CARDS



**SPONSORS  
NAME**

**BIN:**

**PCN:**

**ID:**

**NAME:**

**Rx Member Services: 855-FOR-SGRX (367-7479)  
[www.sgrxhealth.com](http://www.sgrxhealth.com)**

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**Pharmacy Help Desk: 855-FOR-SGRX (367-7479)**

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**PHARMACISTS:**

*Please obtain positive ID by gender  
and DOB (year, month, and day)*

**Submit Rx claims to:**

ScriptGuideRX, P.O. Box 14399 Detroit, MI 48214