



YOUR Healthcare Team



Medicaid ID Number: _____

Health Plan: _____ **Member Number:** _____

Health Plan Main Number: _____

Health Plan Nurse Line: _____ (24 hours per day)



Primary Care Doctor: _____

Address: _____

Phone Number: _____

Specialist: _____

Address: _____

Phone Number: _____

Specialist: _____

Address: _____

Phone Number: _____



Pharmacy: _____

Address: _____

Phone Number: _____

MEDICAID TRANSPORTATION



ALBANY
855-360-3549

COLUMBIA
877-900-8294

FULTON
855-360-3550

GREENE
855-360-3545

MONTGOMERY
855-360-3548

RENSSELAER
855-852-3293

SARATOGA
855-852-3292

SCHENECTADY
855-852-3291

Other Important Numbers

Your Health Coach: _____ **Phone Number:** _____