



Participant ID: **Member ID**

DOB:

Language:

**MY HEALTH LA (MHLA)**

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## **MEMBER NAME**

Medical Home Clinic:

Medical Home Address:

Medical Home Phone:

**MedicalHomeAdminPhone**

BIN #012528

PCN VENTEG

GROUP MHLA

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**THIS CARD IS FOR IDENTIFICATION ONLY  
IT DOES NOT GUARANTEE ELIGIBILITY IN MHLA**