

✂ Detach and Retain for Your Records

2007-2008 Identification Card
United States Fire Insurance Company

Student Name: _____

Student ID#: _____

The Student whose name appears above is insured under an Accident & Sickness Insurance Policy issued to:

School: **Willamette University**
Policy Number: **US026665-07B0424**



To maximize your benefits, locate a Choice Care provider in your area call 1-800-878-7896 or go to www.coalitionamerica.com, PIN # 3868

CLAIM FILING INSTRUCTIONS

Coverage under this policy is EXCESS to all other insurance and claims must be submitted to any other insurance first. Initial medical treatment must be incurred within 90 days from the date of the accident or onset of sickness. Claims must be submitted to Summit America within 180 days after the date of injury or first date of treatment for a sickness. Mail all medical bills including the insured student's name and student ID number, address and name of the school that the student attends to:

Summit America Insurance Services
7400 College Blvd., Suite 120, Overland Park, KS 66210
Phone: 800-926-3441, Fax: 913-327-7520

NOTICE TO HEALTH CARE PROVIDERS:

For information regarding plan benefits, eligibility or claim instructions please call Summit America Insurance Services at 800-926-3441. Our Payor # is 37301.
This card is not a guarantee of coverage.