



Westminster College Domestic Student Injury and Sickness Insurance Plan

Medical ID Card

2010-2011 Group Number: 10430008

Welcome to your student insurance plan administered by Summit America Insurance Services. Your temporary medical insurance identification card is below for you to use. Please carry this card with you because it is important to show it to healthcare providers at the time of service. The information on the identification card gives the providers the information needed to properly file your claims.

Summit America is available to answer your questions about the plan benefits or to provide information on the status of your claims Monday through Friday, 8:30 am to 5:00 pm Central Standard Time. You can contact our customer service department toll free at 1-888-580-2670 or claims status can be viewed on our website at www.summitamerica-ins.com.

In the event of Injury or Sickness students should:

1. Report to the Student Health Services for treatment or referral, or when not in school, to their Physician or Hospital.
2. Obtain a claim form from the College, or visit our website at www.summitamerica-ins.com. Please complete one claim form per year. Mail the completed claim form, all medical bills, and copies of any other insurance carrier's Explanation of Benefits Statements to the address shown below.
3. Please file the claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Westminster College
Medical Insurance ID Card
United States Fire Insurance Company



Student's Name: _____

Insurance ID #: _____

Group Number: **10430008**



To find a provider in your area
visit www.firsthealth.com
or call 1-800-937-6824.

Medical Card

IMPORTANT: Claims must be submitted within 90 days after the date of treatment. If the patient has other medical insurance please send information on that coverage along with all medical bills including the member's name, ID number, address and name of the member's organization to:

Summit America Insurance Services
7400 College Blvd., Ste 100,
Overland Park, KS 66210

Electronic Payor # 37301

This card is not a guarantee of coverage.

For information regarding plan benefits, eligibility or claim instructions, please call Summit America Insurance Services at 888-580-2670. Claim status can be checked online at www.summitamerica-ins.com