



# Firebird International Insurance Group, LLC

*Rising Above and Beyond the Ordinary*

2019-2020 Insurance ID Card

Dear Student,

This letter contains a blank insurance id card below. Please complete with your first and last name and student id number. You may use this to present to medical providers for medical treatments.


This card does not guarantee that coverage is in effect. Providers must contact Firebird International Insurance Group, LLC to confirm coverage dates and benefits at the phone number on the card.

For a hard copy id card, please see your international student office at your school to obtain one.

Sincerely,

Customer Service  
Firebird International Insurance Group, LLC  
WA: 206.909.8550  
OR: 503.729.7447  
E-mail: [admin@fiig-insurance.com](mailto:admin@fiig-insurance.com)

↓ **TYPE IN YOUR NAME & STUDENT ID NUMBER IN THE CARD BELOW, THEN PRINT** ↓

<p><b>Servicing Agency:</b> Firebird International Insurance Group, LLC WA: 206.909.8550 OR: 503.729.7447 E-mail: <a href="mailto:admin@fiig-insurance.com">admin@fiig-insurance.com</a></p>	<p>TO FIND A DOCTOR OR HOSPITAL, log on to: <a href="http://www.fiig-insurance.com">www.fiig-insurance.com</a></p>	<p><b>PLEASE SEND CLAIMS TO:</b></p> <p><b>WebTPA</b> <small>An AmWINS Group Company</small> WebTPA P.O. Box 2415 Grapevine, TX 76099-2415 CLAIMS PAYOR ID # 75261</p> <p><b>For Customer Service / Eligibility / Benefits Questions, contact:</b> WA: 206.909.8550 OR: 503.729.7447 E-mail: <a href="mailto:admin@fiig-insurance.com">admin@fiig-insurance.com</a></p>	<p><b>DIRECTIONS ON FILLING PRESCRIPTIONS:</b></p> <ul style="list-style-type: none"><li>• Take prescription to any pharmacy.</li><li>• Pay for prescription in full.</li><li>• Download <b>claim form</b> from <a href="http://www.fiig-insurance.com">www.fiig-insurance.com</a> website.</li><li>• Fill out claim form completely.</li><li>• Attach original <b>pharmacy receipt &amp; medication label</b> to claim form.</li><li>• Make a copy of claim form, receipt &amp; medication label &amp; keep for your file.</li><li>• Mail, fax or email to WebTPA at the <b>address, fax or email on the form</b>.</li><li>• After 3-4 weeks, you will receive a reimbursement of 50% of the cost of the medication.</li></ul>
<p><b>Policyholder:</b> Clark College <b>Group Policy Number:</b> 473290SH02 <b>Student Name:</b> <b>Student ID:</b></p>	<p><b>Office Visit Co-Pay: \$20.00</b>      <b>Hospital &amp; ER Co-Pay: \$100.00</b></p>	<p><b>First Health Network</b> <small>AK, ID, MT, ND, OR, SD, WA, WY</small></p>	<p><b>First Health Network</b> <small>PPO Network Outside Primary Service Area</small></p>