

2020-2021 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.

Sincerely,

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

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

Servicing Agency: Firebird International Insurance Group, LLC WA: 206.909.8550 OR: 503.729.7447 E-mail: admin@fiig-insurance.com	PLEASE SEND CLAIMS TO: DIRECTIONS ON FILLING PRESCRIPTIONS: Take prescription to any pharmacy. Pay for prescription in full. Download claim form from www.fiig- insurance.com website. Fill out claim form completely.
Group Name: City University of Seattle Group Policy Number: AW002181SH02	P.O. Box 2415 Grapevine, TX 76099-2415 CLAIMS PAYOR ID # 75261 Attach original <i>pharmacy receipt & medication</i> <i>label</i> to claim form. erceipt & medication label & keep for your file.
Student Name:	Carrier Information: • Mail or fax to WebTPA at the address, or fax on
Student ID:	Allied World Assurance Company (Europe) dac on the form, or email to Firebird at the email address on the form of the card.
Office Visit Co-Pay: \$20.00 Hospital & ER Co-Pay: \$100.00	This policy is a limited duration policy not subject to Affordable Care Act requirements. 6 50% of the cost of the medication.
PPO Network: First Choice Health THIS CARD IS NOT A AK, ID, MT, ND, OR, SD, WA, WY GUARANTEE OF COVERAGE	FITST Health. PPO Network Outside Primary Service Area