

**This is your
Temporary ID Card.**



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UnitedHealthcare®
StudentResources

Name: _____

ID Number: _____ Policy #: 2008-713-1

Group Name: UNIVERSITY of TEXAS - HEALTH SCIENCE CENTER HOUSTON

Customer Service: 1-888-344-6105

UnitedHealthcare Options PPO Network

07-ID1 Underwritten by United HealthCare Insurance Company

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CLAIM INSTRUCTIONS

Claims should be submitted to the company within 90 days after date of treatment. Please mail all medical and hospital bills along with the insured student's name and patient's name, ID number, address, and the name of the college or university under which the student is insured to the address listed on this card.

Send claims to: **StudentResources**, PO Box 809025, Dallas, TX 75380-9025
For electronic submission: Emedon (formerly WebMD) #: 74227

For emergencies while traveling, call Scholastic Emergency Services at 1-877-488-9833 in the US, 1-609-452-8570 Collect outside the US.

For Hospital pre-admission notification call Avidyn at 1-877-295-0720.

NOTICE TO ALL HEALTHCARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, co-payment and claims instructions, please call Customer Service at the number listed on the front of this card.

www.uhscs.com

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