


 Detach and Retain for Your Records

2007-2008 Identification Card United States Fire Insurance Company	CLAIM FILING INSTRUCTIONS
Student Name: _____	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. 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:
Student ID#: _____	Summit America Insurance Services 7400 College Blvd., Suite 120, Overland Park, KS 66210 Phone: 800-926-3441, Fax: 913-327-7520
The Student whose name appears above is insured under an Accident Insurance Policy issued to:	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.
School: Midland Lutheran College Policy Number: US026621-07E0122  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	