

**This is your
Temporary ID Card.**



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STUDENT INSURANCE PROGRAM
The MEGA Life and Health Insurance Company

Name:

Policy #: **2005-5338-1/2**

Group Name: **UNIVERSITY OF ARKANSAS FOR MEDICAL
SCIENCES**

Customer Service #: 1-800-767-0700 or 1-469-229-6700

Rx Vendor Group # UISI07, BIN # 004336
24/7 Nurse Advise: 1-800-883-2951 (toll free)

05-ID1



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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 name of the college or university under which the student is insured to the address listed on this card. Send claims to: Student Insurance, PO Box 809025, Dallas, TX 75380-9025. WebMD#: 74227

For emergencies while traveling, call Assist America 1-877-488-9833 in the US, 1-609-452-8570 Collect outside the US.
For Hospital pre-admission 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 claim instructions, please call Customer Service at the number listed on the front of this card.

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