



Firebird International Insurance Group, LLC

Rising Above and Beyond the Ordinary

2021-2022 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
OR: 503.729.7447
E-mail: admin@fiig-insurance.com

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

<p>Service Agency: Firebird International Insurance Group, LLC WA: 206.909.8550 OR: 503.729.7447 E-mail: admin@fiig-insurance.com</p>	<p>TO FIND A DOCTOR OR HOSPITAL, visit: www.fiig-insurance.com</p>	<p>PLEASE SEND CLAIMS TO:</p> <p>WebTPA P.O. Box 2415 Grapevine, TX 76099-2415 CLAIMS PAYOR ID # 75261</p> <p>Carrier Information: Pan-American International Insurance Corp. <i>This policy is a limited duration policy not subject to Affordable Care Act requirements.</i></p>	<p>DIRECTIONS ON FILLING PRESCRIPTIONS:</p> <ul style="list-style-type: none">• Take prescription to any pharmacy.• Pay for prescription in full.• Download claim form from www.fiig-insurance.com website.• Fill out claim form completely.• Attach original pharmacy receipt & medication label with claim form.• Make a copy of claim form, receipt & medication label & keep for your file.• Mail or fax to WebTPA at the address, or fax on the form, or email to Firebird at the email address on the front of the card.• After 3-4 weeks, you will receive a reimbursement of 50% of the cost of the medication.
<p>Group Name: City University of Seattle Group Policy Number: 472088SH02PA Student Name: Student ID:</p>	<p>Office Visit Co-Pay: \$20.00 Hospital & ER Co-Pay: \$100.00</p> <p>PPO Network:  First Choice Health <small>AK, ID, MT, ND, OR, SD, WA, WY</small></p>	<p>THIS CARD IS NOT A GUARANTEE OF COVERAGE</p>	<p> First Health Network PPO Network Outside Primary Service Area</p>