



## Firebird International Insurance Group, LLC

*Rising Above and Beyond the Ordinary*

### 2023-2024 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](mailto: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](mailto:admin@fiig-insurance.com)

**TO FIND A DOCTOR  
OR HOSPITAL, visit:**  
[www.fiig-insurance.com](http://www.fiig-insurance.com)

**Group Name:** Renton Technical College  
**Group Policy Number:** 473240SH02PA  
**Student Name:**  
**Student ID:**

**Office Visit Co-Pay: \$20.00    Hospital & ER Co-Pay: \$100.00**

#### PPO Network:

**First Choice Health**  
AK, ID, MT, ND, OR, SD, WA, WY

**THIS CARD IS NOT A  
GUARANTEE OF COVERAGE**

#### PLEASE SEND CLAIMS TO:



WebTPA  
P.O. Box 2415  
Grapevine, TX 76099-2415  
CLAIMS PAYOR ID # 75261

#### Carrier Information:

Pan-American International Insurance Corp.  
This policy is a limited duration policy not subject  
to Affordable Care Act requirements.



**First Health**  
Network    PPO Network Outside Primary Service Area

#### DIRECTIONS ON FILLING PRESCRIPTIONS:

- Take prescription to any pharmacy.
- **Pay for prescription in full.**
- Download **claim form** from [www.fiig-insurance.com](http://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.