



# Firebird International Insurance Group, LLC

*Rising Above and Beyond the Ordinary*

2024-2025 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  
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** ↓

<p><b>Service Agency:</b> Firebird International Insurance Group, LLC WA: 206.909.8550 OR: 503.729.7447 E-mail: <a href="mailto:admin@fiig-insurance.com">admin@fiig-insurance.com</a></p>	<p><b>TO FIND A DOCTOR OR HOSPITAL, visit:</b> <a href="http://www.fiig-insurance.com">www.fiig-insurance.com</a></p>	<p><b>PLEASE SEND CLAIMS TO:</b></p> <p> WebTPA P.O. Box 2415 Grapevine, TX 76099-2415 CLAIMS PAYOR ID # 75261</p> <p><b>Carrier Information:</b> Pan-American International Insurance Corp. <i>This policy is a limited duration policy not subject to Affordable Care Act requirements.</i></p>	<p><b>DIRECTIONS ON FILLING PRESCRIPTIONS:</b></p> <ul style="list-style-type: none"><li>• Take prescription to any pharmacy.</li><li>• <b>Pay for prescription in full.</b></li><li>• Download <b>claim form</b> from <a href="http://www.fiig-insurance.com">www.fiig-insurance.com</a> website.</li><li>• Fill out claim form completely.</li><li>• Attach original <b>pharmacy receipt &amp; medication label</b> with claim form.</li><li>• Make a copy of claim form, receipt &amp; medication label &amp; keep for your file.</li><li>• Mail or fax to WebTPA at the <b>address, or fax on the form, or email</b> to Firebird at the email address on the front of the card.</li><li>• Allow up to 30-45 days to receive the reimbursement of 50% of the cost of the medication.</li></ul>
<p><b>Group Name:</b> Chemeketa Community College <b>Group Policy Number:</b> 372087SH02PA <b>Student Name:</b> <b>Student ID:</b></p>	<p><b>Office Visit Co-Pay: \$20.00</b>      <b>Hospital &amp; ER Co-Pay: \$100.00</b></p>	<p><b>PPO Network:</b> <a href="#">First Choice Health</a> <small>AK, ID, MT, ND, OR, SD, WA, WY</small></p> <p><b>THIS CARD IS NOT A GUARANTEE OF COVERAGE</b></p>	<p> <b>First Health Network</b> PPO Network Outside Primary Service Area</p>