

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 E-mail: 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@fig-insurance.com	PLEASE SEND CLAIMS TO: Constraints of the second s	<ul> <li>DIRECTIONS ON FILLING PRESCRIPTIONS:</li> <li>Take prescription to any pharmacy.</li> <li>Pay for prescription in full.</li> <li>Download claim form from www.fiig- insurance.com website.</li> <li>Fill out claim form completely.</li> <li>Attach original pharmacy receipt &amp; medication label 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 address, or fax on the form, or email to Firebird at the email address on the front of the card.</li> <li>Allow up to 30-45 days to receive the reimburse- ment of 50% of the cost of the medication.</li> </ul>
Group Name: Everett Community College Group Policy Number: 473294SH02PA		
Student Name: Student ID:	Carrier Information:	
	Pan-American International Insurance Corp. This policy is a limited duration policy not subject to Affordable Care Act requirements.	
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 GUARANTEE OF COVERAGE	FIRST Health PPO Network Outside Primary Service Area	