

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	 DIRECTIONS ON FILLING PRESCRIPTIONS: 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. Allow up to 30-45 days to receive the reimburse- ment of 50% of the cost of the medication.
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	