

**THIS IS YOUR  
TEMPORARY ID  
CARD.**



**UnitedHealthcare**  
**StudentResources**

Name:  
ID Number: Policy #: 2010-1716-4  
Group Name: New York Service Center for  
Chinese Study Fellows Inc

Customer Service: 1-888-344-6017  
RX Vendor Group #: USTR6107 RX Bin #: 610014

UnitedHealthcare Choice Plus Network *medco*

10-ID1 Underwritten by UnitedHealthcare Insurance Company of New York

#### CLAIM INSTRUCTIONS

Claims should be submitted to the company within 90 days after date of treatment. Please mail all medical and hospital bills along with the insured student's name and patient's name, ID number, address, and the name of the college or university under which the student is insured to the address listed on this card.

Send claims to: **StudentResources**, PO Box 809025, Dallas, TX 75380-9025  
Electronic Payer ID #: 74227

For emergencies while traveling, call Scholastic Emergency Services at 1-877-488-9833 in the US, 1-609-452-8570 Collect outside the US.

For Hospital pre-admission notification call UMR Care Management at 1-877-295-0720.

#### NOTICE TO ALL HEALTHCARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, co-payment and claims instructions, please call Customer Service at the number listed on the front of this card.

[www.uhcsr.com](http://www.uhcsr.com)