

**THIS IS YOUR
TEMPORARY ID CARD**



UnitedHealthcare [®]	2013-14 Academic Year
StudentResources	
Insured:	
SR ID #:	Policy # 2013-625-2
Group Name: Southern Adventist University	
For Members:	For Providers:
1-800-767-0700	1-888-224-4875
Injury Only	
13-ID2	Underwritten by UnitedHealthcare Insurance Company

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

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