

REPLACEMENT I.D. CARD

**COLORADO STATE UNIVERSITY
Student Accident & Sickness Insurance Plan**

Dear Student,

Below is your Student Accident & Sickness Insurance Plan identification card. Please write or type your University I.D. Number in the blank squares and cut out the card to carry with you. Feel free to have it laminated for additional protection. **You must be enrolled in the plan and eligible for coverage in order for this card to be active.**

You may use the card as proof of insurance if you are treated in a facility other than the Hartshorn Health Service at Colorado State University. In addition, the card must be presented at the time of service to be eligible for the Preferred Provider negotiated rate and benefit level outlined in the brochure.




The billing address for use by medical providers is listed on the right side of the card (backside when folded). Please be aware that any treatment received outside the Hartshorn Health Service will not be paid automatically. You are required to file a claim form in our office to begin the claims process. Our office is located on the second floor of the Hartshorn Health Service building, Room 207.

If you have any questions please feel free to contact us at (970) 491-5118. Our office hours are 7:30am to 5:00 pm Monday through Friday.

Student Health Insurance

Hartshorn Health Service
Colorado State University

Below is your current insurance card.
If you wish, please cut, fold, and laminate.

 Summit America Insurance Services	 Colorado State University	To inquire about eligibility, request claim forms, brochures, or general information, please call (970) 491-1355, Student Insurance Office, Hartshorn Health Service, Colorado State University.
Accident & Sickness Insurance Card		Please mail your completed claim forms and medical bills within 90 days of treatment to: Summit America Insurance Services 7400 College Blvd., Suite 100, Overland Park, KS 66210 Phone: 800-926-3441, Fax: 913-327-7520 www.summitamerica-ins.com Electronic Payer # 37301
Name: _____	UID#: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	INPATIENT NOTIFICATION REQUIREMENT: Please contact Summit America at 1-877-246-6997 to advise them of any impending hospital admission.
Group # 07462001	 First Health Network To find a provider in your area visit www.myfirsthealth.com or call 1-888-685-7774.	