



**THIS IS YOUR TEMPORARY ID CARD - CUT AND FOLD**

**UnitedHealthcare<sup>®</sup>**  
**StudentResources**

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Policy #: 2009-202375-91

Group Name: International Student Scholar Care Plan

For Customer Service Inquiries call 1-800-505-4160

UnitedHealthcare Options PPO Network

07-ID2

Underwritten by UnitedHealthcare Ins. Co.

**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: UnitedHealthcare **StudentResources**, PO Box 809025, Dallas, TX 75380-9025

For electronic submission: Emdeon (formerly WebMD) #: 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](http://www.uhcsr.com)