

STUDENT ACCIDENT INSURANCE POLICY 2023-2024



NAME:

POLICY #: COSBAGI-IFS0001

GROUP NAME: CITY COLLEGE

Please keep card in your possession at all times

CLAIM INSTRUCTIONS

Claims should be submitted to the company within 90 days after date of treatment. Please mail a fully completed claims form along with all medical and hospital bills and EOBs from your primary carrier to the address listed on this card.

Submit claims and correspondence to:

Co-ordinated Benefit Plans

PO Box 20874

Tampa, FL 33622

AXISClaims@cbpinsure.com

Direct all claims inquiries: 1-866-669-7577

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 above.