STUDENT ACCIDENT INSURANCE POLICY 2022-2023

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.