

**WILLIAM JESSUP UNIVERSITY  
2010-2011 STUDENT HEALTH INSURANCE PLAN  
CLAIM PROCEDURE**

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In the event of Injury or Sickness:

1. Obtain treatment from the nearest Doctor or Hospital. You may choose any Doctor or Hospital, but using the Doctors and Hospitals available through the First Health Network may decrease costs. For a complete listing of these PPO Hospital and Doctor facilities, call **1-800-226-5116** or visit **www.myfirsthealth.com**.
2. Present your insurance identification card when you go to a Doctor's office or the Hospital. Dependents covered under the plan do not receive separate ID cards and may use the Covered Student's ID card to obtain treatment. If the Doctor or Hospital needs to verify coverage, they may call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

**If obtaining a prescription before receiving the Express Scripts ID card, you may be required to pay for the prescription drugs in full. You may then submit a claim for reimbursement of the portion the Company is responsible for paying.**

**Carry your insurance ID card at all times.**

3. Complete a claim form, which is available online at **www.renstudent.com/wju**. The claim form must be complete and signed. Attach all itemized medical and Hospital bills.
4. Send claim form, bills and all other expenses to Personal Insurance Administrators, Inc. at:

**Personal Insurance Administrators, Inc.**

**P.O. Box 6040**

**Agoura Hills, CA 91376-6040**

**Toll Free 1-800-468-4343**

**www.piaclaims.com**

Providers may submit claims electronically to:

**PAYER ID 95397**

5. If you have questions about the status of a claim after it has been submitted, please call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

All Hospital and medical bills must be submitted for payment within 90 days after the first date of treatment. Failure to furnish this information within the 90-day period shall not invalidate nor reduce the Covered Person's claim if it was not reasonably possible to file the claim within this time, provided that the claim is submitted as soon as is reasonably possible. In no event, except in the absence of legal capacity, will a claim be honored later than one (1) year from the date of last medical treatment.

Covered Persons have the right to file a written complaint and obtain an expedited review if health care services have been improperly denied, modified, or delayed.

**Always keep a copy of all documents submitted for claims.**