

**2008–2009 Identification Card
ACE American Insurance Company
Philadelphia, PA**

Insured: _____

If a premium has been paid, the Student whose name appears above has been insured under a Policy issued to:

Group: Pacific University

ID #: _____ **Policy# SDHN0057501A-08**

Preferred Provider Information

Inside Oregon

Outside Oregon

Providence Preferred

A caring difference you can feel
www.Providence.org
(800) 793-9338


www.firsthealth.com
(800) 226-5116

CLAIMS INSTRUCTIONS

Claims must be submitted to the Company within 90 days after the date of treatment. Please mail all medical and hospital bills along with the Claim Form to: Academic HealthPlans, c/o True Choice USA, P.O. Box 700307, Dallas, Texas 75370-0307. (Klais EDI# 34145)

Claim forms may be downloaded or completed online at:
www.AHPCare.com/pacificu

NOTICE TO ALL HEALTH CARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, co-payments and claim instructions, please call Claims Administrator, Klais & Company, Inc. at (800) 331-1096.

Global Assistance Services provided by Scholastic Emergency Services, Inc.

Prescription Drug Information

(After purchasing your prescription, file your claim for reimbursement.)



Rx Group #:
Processor: NetCard
Bin#: 008878
(888) 479-2000

If you have had prior coverage with Academic HealthPlans, please use your assigned Academic HealthPlans ID number from your previous ID Card. Please use your social security number as your ID number if you are new to Academic HealthPlans. If you do not have a social security number, please use your student ID number issued by Pacific University. You will need to add zeros to the front of the student ID number if it is less than a nine digit number. Please use this card until you receive your permanent ID card.