

LOURDES UNIVERSITY
ACCIDENT ONLY INSURANCE PLAN

Below is your Accident Only Insurance Plan Identification Card. **Cut it out and carry it with you at all times.**
This card can be used to verify your coverage.

HOW TO USE THIS PLAN



Visit a doctor or hospital of your choosing. Provide both your primary insurance card and this excess insurance card to the health care provider at the time of treatment for injuries.

The card explains that the school's coverage is EXCESS of other insurance, after \$50 of Primary coverage, and instructs providers to file with other insurance first. It also gives the provider our electronic payer ID number for immediate submission of charges.

You may be asked to pay part or all of your medical charges up front. You must then submit a claim for reimbursement of the portion of charges for which the company is responsible.




Obtain a claim form from the office of the Vice President, Finance and Administration. You must complete the claim form and return it to this same office. They will submit the claim form to Relation.

Once the school sends the claim form, you can forward the detailed billing statements and primary insurance carrier's explanation of benefits to:

Relation Insurance Services
Attention: Claims
PO Box 25936
Overland Park, KS 66225
Fax: **(913) 327-7520**

Bills will not be processed without a properly submitted claim form.

 cut out along dashed line

fold here

Accident Only Insurance Plan		2022–2023	
Name:	<input type="text"/>		
Student ID #:	<i>Please reference the student's school ID as the member ID number.</i>		
<i>Insurance Underwritten by United States Fire Insurance Company</i>			
Group Name:	Lourdes University		
Policy #:	US1574442		
Deductible:	\$250 per Covered Injury		
Coinsurance:	100% of Usual, Reasonable and Customary		
Maximum Benefit:	\$25,000 per Injury		
Coverage is for injury only.		Effective Date: August 1, 2022	
For questions about benefits, eligibility, or claims, call Relation Insurance Services. All benefits are subject to payment of appropriate premium and verification of eligibility. Submit claims to claims address below.		NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure. MEMBERS: Carry this card at all times.	
Member & Provider Services:	Relation Insurance Services	(877) 246-6997	
Plan Materials:	www.4studenthealth.com/lourdes		
Claims Mailing Address:	Relation Insurance Services PO Box 25936 Overland Park, KS 66225 Fax: (913) 327-7520	Payer ID: 37301	
		Full Excess Coverage	

If there are any discrepancies between this document and the Policy, the Policy will govern.