

North American Division of Seventh-Day Adventist

Accident Medical Excess Insurance Plan

School/Conference Name: Underwriter: M Policy Number: T

Mutua of Omaha T5MP-P-054064

Below is your Accident Medical Excess Insurance Plan Identification Card.

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 and instructs providers to file with other insurance first. It also gives the provider our electronic payer ID number for immediate submission of charges.

to Relation with including the ins	in 180 d ured stud	rom the date of the accident. Cla lays after the date of treatmen dent's name and student ID num	nt. Mail all medical bills nber, address and name	i
		dent attends the address provid tee of coverage.	ed below.	1
Member Services		Administrative Concepts, Inc.	(800) 476-4802	i
Provider Services:		Administrative Concepts, Inc.	(800) 476-4802	i
		Administrative Concepts Inc.		I I
Claims Mailing:		PO Box 4000 Collegeville, PA 19426		1
Payer ID:	•••	PO Box 4000 Collegeville, PA 19426 22384	•••••	I I I I I I I I I I I
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Payer ID: Accident Or Name: Student ID #	ly Insu	PO Box 4000 Collegeville, PA 19426 22384 rance Plan		

