

**CENTRAL WASHINGTON UNIVERSITY**

# HOW TO FILE A CLAIM



Mail your prescription drug receipts (for providers outside of the UnitedHealthcare pharmacy network), medical and Hospital bills to the address below. Make sure the following information is included with the bills (some of the information may be printed on the bills, but you may be asked to provide additional information):

**Patient Information:**

- Name
- Date of birth

**Insured Student Information:**

- Name
- Address
- Social Security Number
- Name of school student attends

File claims within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

**Submit Claims and Inquiries to:**

UnitedHealthcare **Student**Resources  
P.O. Box 809025  
Dallas, Texas 75380-9025  
1-800-767-0700

**Email:** customerservice@uhcsr.com  
claims@uhcsr.com

AHP-CP(14) CWU

ahp

Academic  
HealthPlans