

**2016-2017 Identification Card
National Guardian Insurance Company
Madison, WI 53703**

Insured: _____

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

**Group: TEXAS WOMAN'S UNIVERSITY - BLOOD BORNE
PATHOGEN EXPOSURE Only**

ID #: _____

Policy#: 2016A4A10

CLAIMS INSTRUCTIONS

Claims must be submitted to the Company within 90 days after the date of treatment, or as soon as reasonably possible. Please mail all medical and hospital bills to HealthSmart, 3320 W. Market St., Suite 100, Fairlawn, OH 44333. (EDI#: 34145)

NOTICE TO ALL HEALTH CARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, Copayments and claim instructions, please call Claims Administrator, HealthSmart, at (800) 331-1096.

Print and detach the above ID Card.

Add your name and AHP ID. If you do not have an AHP ID number, go to the Home page to Login and create your account