

**TEXAS WOMAN'S UNIVERSITY  
BLOOD BORNE PATHOGEN EXPOSURE**

# HOW TO FILE A CLAIM



In the event of Injury or Sickness the student should:

Mail the completed claim form and all prescription drug receipts, medical and hospital bills to the address below. Only one claim form is required for each accident or injury. When sending additional bills, please include:

Patient Information:

- Name
- Date of Birth

Insured Student Information:

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

File claims within 90 days of Injury or first treatment for a Sickness or as soon as reasonably possible. Bills should be received by the Company within 90 days of service.

**Click here to access the medical claim form.**

**Submit all Claims and Inquiries to:**

Commercial Travelers  
College Claim Division  
70 Genesee St.  
Utica, NY 13502

Commerical Travelers Customer Service:  
All Other Calls:

1-800-756-3702  
1-855-825-3983

AHP-CP(14) - TWU BBPE

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Academic  
HealthPlans