

TEXAS WOMAN'S UNIVERSITY

BLOOD BORNE PATHOGEN EXPOSURE CLAIM PROCEDURES



How to File a Claim

In the event of Injury or Sickness the student should:

Mail the completed claim form along with 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:

Wellfleet Insurance Company
PO Box 15369
Springfield, MA 01115-5369

Wellfleet Insurance Customer Service:

1-877-657-5030