

Claim Procedure

STUDENT INJURY & SICKNESS INSURANCE PLAN

In the event of Injury or Sickness, students should:

1. Report to the Campus Health Services for treatment or referral, or when not in school, to their Physician or Hospital.
2. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the University under which the student is insured. A Company claim form is not required for filing a claim. **It is the student's responsibility to submit claims to the company for processing and payment.**
3. File claim 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.

Online Access to Account Information

UnitedHealthcare StudentResources insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at www.uhcsr.com. Insureds can also print a temporary ID card, request a replacement ID card and locate network providers from My Account. If you don't already have an online account, simply select the "Create an Account" link from the home page at www.uhcsr.com. Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from www.uhcsr.com to access your account information.

The Plan is Underwritten by:

UnitedHealthCare Insurance Company

Submit all Claims or Inquiries to: (claim form on next page)

UnitedHealthcare StudentResources

P.O. Box 809025

Dallas, Texas 75380-9025

1-800-767-0700

Email: info@uhcsr.com

Online Services: Please visit the website at www.uhcsr.com to view and print Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services. Please keep this Brochure as a general summary of the insurance. The Master Policy #**2008-2390-1**, on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control payment of benefits.

UNIVERSITY OF ILLINOIS – SPRINGFIELD
STUDENT INSURANCE CLAIM FORM

Patients Name _____

Insured Student's Name: _____

Insured Student's Address: _____

Insured Student's Social Security Number: _____

University Name: _____ University of Illinois – Springfield

Policy # _____ 2008-2390-1

Send all medical and hospital bills to:

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

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File claim within 30 days of injury or first treatment for a Sickness. Bills should be received by United Healthcare Student Resources within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.