

**2010-2011 UNIVERSITY OF WASHINGTON
STUDENT INSURANCE PLAN ID CARD**

Policy Number: SHIP UW (03-2010)

LifeWise Assurance Company

Present the following information to your medical provider:

STUDENT NAME: _____

STUDENT UW ID NO: _____



MAIL ALL CLAIMS TO:

UW Claims Office, c/o WPAS, Inc.
P.O. Box 34600, Seattle, WA 98124-1600

ELECTRONIC SUBMISSION OF MEDICAL CLAIMS:

Emdeon Group P71 – Payer ID 91136

FOR ELIGIBILITY, BENEFITS AND

CLAIM INQUIRES CALL:

WPAS, Inc.....(206) 374-9439 or (866) 535-8503

**This card is for identification and informational purposes only
and does not ensure coverage. When utilizing a Beech Street
Provider, this card must be presented at the time of service.**