

**2009-2010 UNIVERSITY OF WASHINGTON  
STUDENT INSURANCE PLAN ID CARD**

**Policy Number: 2009-1464-1**

UnitedHealthcare Insurance 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.**