

**2008-2009 UW STUDENT PLAN ID CARD**  
**Policy Number: 2008 - 1464-1**

United HealthCare 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 INQUIRIES CALL:** WPAS, Inc . . . . . (206) 374-9439 or (866) 535-8503

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

