

Student Medical Plan Information Card

This card does not guarantee coverage. The student must be enrolled in the plan to be eligible for coverage. The following provides the necessary information needed to complete the process for the filing of a claim. Providers should contact the Administrator of the Plan below to verify eligibility at the time services are provided.

NAME: _____

**THE COLLEGE OF WOOSTER
MEDICAL PLAN No. 20109Z4A00
2010-2011**

Underwritten & Claims Administered by:
Commercial Travelers Mutual Insurance Company
Special Risk Claims
70 Genesee Street • Utica, New York 13502
800-756-3702 • www.studentplanscenter.com

Network Provider:

Beech  Street.

A V I A N T N E T W O R K

800-432-1776

www.beechstreet.com

CLAIM PROCEDURE

1. Claim forms and instructions on claim procedures are available at the Longbrake Student Wellness Center or by visiting the web-sites: www.wooster.edu or www.studentplanscenter.com
2. Benefits should be assigned to the hospital or doctor unless the student wishes to pay cash and subsequently be reimbursed by the Claims Administrator.
3. **It is the student's responsibility to file the claim.**
4. Written proof of loss must be furnished to the Claims Administrator at its said office within ninety (90) days after the date of loss for which the claim is made. **All claims should be submitted to: Commercial Travelers Mutual Insurance Company, Special Risk Claims, 70 Genesee Street, Utica, NY 13502.**