

Provider Information Form Northwest University

Dear Provider: _____

Attention: Brenda P.B.O.

The student athlete that you are treating today is a member of the _____ team with Northwest University. The above mentioned university has provided the athlete with an excess accident medical plan that pays covered charges after the athlete's primary insurance has been exhausted. Summit America Insurance Services is the claims administrator for the excess plan the following information is being supplied to you in an effort to assist the claimant in obtaining maximum benefits in a timely manner.

Please submit all charges through any other primary insurance available to the athlete first, and then submit itemized bills and the primary carriers Explanation of Benefits to:

Summit America Insurance Services
P.O. Box 25936
Overland Park, KS 66210

The Northwest coverage is a \$500 deductible plan. This amount is paid by the individual before claims are sent to Summit. The northwest policy number is T5MP-SAC500667.

Should you have any questions, or need any additional information with relation to policy benefits or the submission of claims, our claims department will be available to assist you Monday-Friday, 8:30-5:30 CST. Please contact us at 800/955-1991 Ext 149.

This is not a guarantee of payment or benefits. All claims are subject to plan limitations and exclusions.

Thank You,

Larry Brown MS, Med, ATC, AT/L
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