



CASE WESTERN RESERVE
UNIVERSITY EST. 1826

Dear Participant:

Wells Fargo Third Party Administrators is pleased to be the Claims Administrator for your medical plan.

Attached is your Medical Plan I.D. card. This card lists telephone numbers for claims inquiries and addresses for filing claims. Please reference the Case Student/Dependent Medical Plan brochures for information on your coverage.



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EMERALD HEALTH



www.emeraldhealth.com

CASE STUDENT/DEPENDENT MEDICAL PLAN 2007-2008

Name _____

Student ID _____

Group # **6735** _____

Co-pay amounts

Office: \$20 • Specialist: \$20 • Urgent Care: \$30 • Emergency Room: \$50

No co-pay for an office visit to a mental health professional.

For administrative questions about the medical plan, contact University Health Services at 1-216-368-3050 or visit our website at:

<http://studentaffairs.case.edu/medicalplan/>

For questions on claims and eligibility, call Wells Fargo Third Party Administrators 1-800-624-8605

Providers Inside of Ohio

Mail Claims to:

Emerald Health Network

P.O. Box 94808

Cleveland, OH 44101-4808

Electronic Payer ID 34167

Providers Outside of Ohio

Mail Claims to:

Wells Fargo Third Party Administrators

P.O. Box 3262

Charleston, WV 25332

For Services
Outside of Ohio

A Nationwide PPO and Affiliated Networks:

