

**Referral from
Jesuit HS**

Student/Athlete's Name: _____

Date of Injury: _____

Coach/Trainer: _____

The bearer of this card has been referred for medical services.
This card is provided to facilitate receipt of medical care
for the care and treatment of concussion on the specified date of injury only.

(fold here)

If primary coverage exists, ALL bills must be submitted to the patient's primary health insurance plan prior to submission to the Excess Policy. If primary coverage does not exist, the school's policy will review claims as if primary.

Please submit all itemized bills with the related primary
Explanations of Benefits to

AIG

A&H Claims Department
P. O. Box 25987
Shawnee Mission, KS 66225-5987
Toll Free Phone (800) 551-0824
Fax (866) 893-857

Jesuit HS (Policy Holder) -- Policy # SRG0009140039

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(cut on dotted line)