

Your Enrollment ID# Number is Located in the Yellow Highlighted Area Below.

MEDICAL INSURANCE IDENTIFICATION CARD

International Student Exchange Program

Participant: **LAST NAME, First Name - ID#12345**
is enrolled in the ISEP health and accident plan, underwritten by BCS
Insurance Co., Policy No. IES-00002.

Effective Date: **Start Date – End Date (12:01 AM)**

For **Medical** claims, questions or concerns contact IEES. Although referrals are not required,
they are available by visiting www.iees.com and selecting the "Search for Doctor/Hospital"
option (Available in USA only.)



First Health.
A Coventry Health Care Company



IEES CONTACT INFORMATION:

This card should be presented to your service provider before receiving
treatment. **Please refer all questions regarding medical benefits and submit
claims to:** **Electronic Payer ID: 16158**

IEES, P. O. Box 370, Ithaca, NY 14851-0370

Toll free in USA 866 433 7462 or 607 272 2707 (collect from overseas)

Fax: 607 272 2703 e-mail: claims@iees.com web: www.iees.com

In the event of a **Death or Medical Evacuation** or for **Assistance services**,
please contact **MEDEX**. Consult your MEDEX ID card for world-wide telephone
numbers.

This card is for identification purposes only and in no way guarantees benefits.
All benefits are subject to Policy Provisions, Limitations and Exclusions.