

# Policy and Claim Reporting Information Directory

Coverage		Immediately report claims directly to	
Carrier:		Carrier/TPA Name:	
Policy Number:		Phone:	
Effective Date:		E-mail:	
		Web:	
Coverage		Immediately report claims directly to	
Carrier:		Carrier/TPA Name:	
Policy Number:		Phone:	
Effective Date:		E-mail:	
		Web:	
Coverage		Immediately report claims directly to	
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		Web:	