

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

Coverage	Immediately report claims directly to	
Carrier:	Carrier/TPA Name:	
Policy Number:	Phone:	
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	Web:	

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

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

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