Student Health Insurance

## THANK YOU FOR CHOOSING ISO AS YOUR PLAN MANAGER.

Getting started	ISO's customer service team is standing by to assist with questions and concerns. Present this insurance card when visiting any physician or pharmacy.	
Find doctors, clinics & hospitals	<ol> <li>We recommend students to use the student health center at your school.</li> <li>If not available, search for an in-network provider by using either provider networks.         <ul> <li>First Health: (800) 226-5116</li> <li>MultiPlan: (888) 342-7427</li> <li>Www.myfirsthealth.com</li> </ul> </li> <li>Call the provider to schedule the appointment and indicate your plan uses the First Health and MultiPlan network.</li> </ol>	
How to file a claim	You should ask the medical provider offices to file the claim to ISO claims department, Wellfleet. Claim address: Wellfleet, PO Box 15369, Springfield MA, 01115. If they cannot file a claim on your behalf, you can submit the claim yourself by visiting www.isoa.org/claim_procedure	
Check claim status	To check your claim status online, please visit www.wellfleet-iso.com	
Pharmacy	Receive discounted rates for prescriptions by visiting pharmacies participating in the <b>Wellfleet RX network.</b> To file a prescription claim, please submit the receipt and pharmacy slip to Wellfleet.	
CareConnect (Behavioral and Mental Health Counseling):	All members have 24/7/365 access via telephone to licensed behavioral health clinicians. Just contact <b>CareConnect (888) 857-5462</b> and identify yourself as an ISO Member.	

## Best Health, ISO Customer Service Team

## ISO – For International Students, By International Students

FOR CARE COORDINATION, SEEK CARE FROM YOUR STUDENT HEALTH CENTER, IF AVAILABLE.	<b>V</b> First Health Ne	twork MultiPlan	
Find doctors, clinics and hospitals: First Health: MultiPlan:	<b>Name:</b> Nimisha Kandadi		
300.226.5116 I www.myfirsthealth.com         888.342.7427 I www.multiplan.com           CLAIM STATUS AND ELIGIBILITY: Wellfleet: 855.664.5837	Insurance ID: 281315204 Effective Date: 11/16/2021	ER Copay: \$350 Deductible per event: \$400	
Submit all claims to:           Wellfleet, PO Box 15369         Check Claim Status Online:           Springfield, MA 01115-1536         www.welfleet-iso.com	Policy Number: 47250153ION0209 Group Number:	Claim status and eligibility: Wellfleet: 855.664.5837 Pharmacy help desk:	
EDI Payer ID: 87843	IS1362SH		
nside US/Canada: 866.509.7715   International Call: 603.328.1728	RX BIN: 012882 RX Group: KU029 RX PCN: KPP	888.265.7884 Behavior health counselling hotline: CareConnect: 888.857.5462	