



Insured Name:  
**Monthly For Doc Test**

Certificate #:  
ARS-01-0000210

Effective Date:  
**08/12/2008**

Please visit our website at  
[www.azimuthrisk.com](http://www.azimuthrisk.com) or email us at  
[service@azimuthrisk.com](mailto:service@azimuthrisk.com) with any inquiries.

Pre-certification is required for all hospitalizations, surgeries, emergency evacuations, emergency reunions, repatriation of remains, quick trip home, trip delay/ missed connection, computerized tomography (CAT Scan ) and magnetic resonance imaging (MRI).

Emergency hospital admissions must be reported within 48 hours of admission. Providers, you, or a family member must notify Azimuth Risk Solution. Failure to comply may result in a reduction of benefits.

For calls regarding pre-certifications, eligibility, benefits, claims, or general questions please call Azimuth at (888) 201-8850 in the U.S or (317)644-6291 outside the U.S visit [www.azimuthrisk.com](http://www.azimuthrisk.com).

**Please mail all claims, claim forms and itemized bills to:**

**Azimuth Risk Solution Claim Services  
55 Monument Circle, Suite 1128  
Indianapolis, Indiana 46204 USA**

POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE.