

TEXAS A&M UNIVERSITY-KINGSVILLE
SAMPLE MEDICAL FACILITY NOTIFICATION LETTER

CAF 2

Mr. Steven Daniel
CHRISTUS Spohn Hospital Kleberg
1311 General Cavazos Blvd.
Kingsville, TX 78363

Dear Mr. Daniel,

This is to notify you that the (name of camp or program) will be conducting activities on the Texas A&M University-Kingsville campus during the period of (dates of camp or program) and that in the event of a medical emergency, members of this group may be sent to (name of medical facility) to receive medical care. The (name of camp or program) participants are covered under a group accident medical insurance policy with Summit America Insurance Services. Bills for medical care provided to camp participants for the period indicated above should be sent to:

Summit America Insurance Services
7400 College Blvd., Ste. 100
Overland Park, KS 66210
Phone: (877) 246-6997
FAX: (913) 327-7520

To check status of a claim once it has been filed, you may call: **(877)246-6997**

Sincerely,

Name of University Camp Sponsor
Phone number