Sample Medical Facility Notification Letter

*Each Camp or Enrichment Program must send this letter to the designated medical facility as provided on the camp/program application (*[*see §2.4.4 of University Rule 24.01.06.M0.01: Campus Programs for Minors*](http://rules-saps.tamu.edu/PDFs/11.99.99.M1.01.pdf)*).*

*Date & send 1-3 weeks before program*

Name of Hospital Contact

Hospital Mailing Address

Dear Name of Hospital Contact,

This is to notify you that the (name of camp or program) will be conducting activities on the Texas A&M University 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 US Fire Insurance Company. The policy number is US 947876. Bills for medical care provided to camp participants for the period indicated above should be sent to:

**Relation Insurance Services - Claims Dept.,**

P. O. Box 25936,

Overland Park, KS 66225

(877) 246-6997 - phone

(877) 327-7520 – fax

Electronic: [claims@relationinsurance.com](mailto:claims@relationinsurance.com)

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