

**Denver Metro**

P.O. Box 3559  
Englewood, CO 80155-3559  
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Suite 250  
Centennial, CO 80112  
Telephone (303) 770-5710  
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**CNIC  
Health Solutions®**

**A Rocky Mountain Health Plans TPA**

[www.cnichs.com](http://www.cnichs.com)

**Colorado Springs**

740 Wooten Road, Suite 104  
Colorado Springs, CO 80915  
Claims Only: P.O. Box 76149  
Colorado Springs, CO 80970  
Telephone (719) 622-3300  
Fax (719) 591-8817

The following information is needed for your files. Lack of this information may delay claims payment.

Group Number: \_\_\_\_\_  
Employee: \_\_\_\_\_  
Patient: \_\_\_\_\_  
Claim Number: \_\_\_\_\_

Fall / Spring semester

Please furnish proof of full time student status for the semester indicated for the above named claimant. Acceptable forms of documentation include a letter from the registrar or copy of recent academic transcripts. Please be sure the registrar includes a copy of this letter, or the group number and name and ID number of the member (parent) that the coverage is through for proper identification.

Please mail to: P.O. Box 3559 Englewood CO 80155

Or fax to: \_\_\_\_\_

Thank you,

CNIC Health Solutions