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

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 Prairie View 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 Lloyds of London. The policy number is US 003867. Bills for medical care provided to camp participants for the period indicated above should be sent to:

Southwest Special Risk Insurance
3116 West 5th Street, Suite 106
Fort Worth, TX 76107  (Example Company)
(817) 923.111 – phone
(817) 336-9967 – fax

To check status of a claim once it has been filed, you may call:
(800) 955-1991 ext 143  (Example #)

Sincerely,

Name of University Camp sponsor
Phone number