

How to Validate Coverage

Coverage validation is **optional**, however is highly recommended in order to reduce risk of declined claims.
We also recommend printing the page for the patient file.


OPTION 1

Generate Medical Card Online


INTERNATIONAL STUDENT INSURANCE CARD


JANE SMITH
PLAN MEMBER NAME


PLAN MEMBER
PLAN MEMBER / DEPENDENT


 500000
DRUG, DENTAL & EXTENDED HEALTH GROUP NUMBER

1234567ABC
CERTIFICATE ID

 100012345
HOSPITAL, PHYSICIAN & ACCIDENT POLICY NUMBER

1234567 
CERTIFICATE ID

01/01/1991  F SAMPLE COLLEGE
DATE OF BIRTH (OPTIONAL) GENDER (OPTIONAL) INSTITUTION (COLLEGE / UNIVERSITY)


QUESTIONS: CALL 1-888-985-1552 OR VISIT WWW.MORCARE.CA  **MORCARE**

DRUG, HEALTH, DENTAL AND ACCIDENTAL PLAN SERVICE AND ADMINISTRATION PROVIDED BY MORCARE


INTERNATIONAL STUDENT INSURANCE CARD


JANE SMITH
PLAN MEMBER NAME


PLAN MEMBER
PLAN MEMBER / DEPENDENT


 500000
DRUG, DENTAL & EXTENDED HEALTH GROUP NUMBER

1234567ABC
CERTIFICATE ID

 100054321
HOSPITAL, PHYSICIAN & ACCIDENT POLICY NUMBER

1234567 
CERTIFICATE ID

01/01/1991  M SAMPLE COLLEGE
DATE OF BIRTH (OPTIONAL) GENDER (OPTIONAL) INSTITUTION (COLLEGE / UNIVERSITY)

QUESTIONS: CALL 1-800-315-1108 OR VISIT WESPEAKSTUDENT.COM  **MORCARE**

DRUG, HEALTH, DENTAL AND ACCIDENTAL PLAN SERVICE AND ADMINISTRATION PROVIDED BY WESPEAKSTUDENT

1. Visit website listed on card 

2. Select School

WWW.MORCARE.CA 

3. Click “Booklets and Forms”

WESPEAKSTUDENT.COM 

3. Click “International Student”

4. Click “Student Medical Card”



5. Enter Date of Birth and Student Number 

6. Click “Get My Card”

A card will not generate if there is no active coverage on that day.
Generate a card at each visit to confirm active plan status.

Please use the live chat feature if you encounter problems. Agents can verify coverage.

Student Medical Card

Date of Birth:  Student Number (The LAST 7 DIGITS only): 

1991 January 01 1234567

[Get My Card](#)

[Live Chat](#)

OPTION 2

Call iA Assist: 647-288-3065

1. State that you are a health provider and wish confirm coverage for a student

2. Provide School Name and Certificate Number 

www.morcare.ca

