



Student Insurance

[Home](#) [School Administrator Sign On](#)

[Enroll Online](#)
[Access My Account Online](#)
[Claim Forms](#)
[Care Providers](#)
[Policy Brochures](#)
[FAQ](#)

Enrollment Payment Confirmation

Transaction Details

Transaction ID 4673571065986115701111
Time Stamp 7/1/2016 2:11:47 AM
Authorization Code 03929B
Return Code 0

Your payment was processed successfully.

Your ID is: **800968845**

Please note: This coverage may not be reflected in the Claims Administrator system for up to 10 business days from your date of purchase.

[Click Here to Create an Account](#)

Policy Information

School Cal State Fullerton
Policy 2016-2017 Cal State Fullerton - International
Term Annual 08/01/2016 08/01/2017

Student and Dependent Information

First Name	MI	Last Name	DOB	Gender
Vidhi	S	Patel	06/01/1992	Female

Student Details

Address D33 600 langsdorf drive
fullerton, CA 92831
Email Address vidhi.patel38@csu.fullerton.edu
Phone 7149093405 **Gender** F
Student ID 893375105 **Student Type** INT
Home Country INDIA **Visa Type**

Plan/Pricing information

Plan	Term	Number of Terms	Effective ¹	Expiration	Premium
International	Annual	1	08/01/2016	08/01/2017	\$1,359.72

^[1]The dates of coverage are subject to verification by Wells Fargo Insurance Services - Student Insurance division.

Total Payment Amount: \$ 1359.72

We have also sent an email notification to your school administrator regarding

your enrollment.

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Thank you for your purchase. Please note that a new ID card will not be sent if you are renewing coverage.