



CANCER SCREENING CLAIM FORM

Claimants Age 18+ Only

Claim Information

Policyholder Name: _____ Cancer Policy Number: _____

Policyholder Address: _____
Street City State Zip

Claimant Name: _____ Claimant Date of Birth: _____
MM/DD/YYYY

Important: Please complete one form per date of service and select each type of service performed on that date. Fill in provider name, telephone number, and date of service. Failure to complete all sections may result in a delay in processing this claim.

Note: Cancer screenings can only be considered for benefits if you have a cancer insurance policy.

Cancer Screenings:

- | | |
|--|--|
| <input type="checkbox"/> Biopsy
<input type="checkbox"/> Bone Marrow Testing
<input type="checkbox"/> Breast Ultrasound/ MRI
<input type="checkbox"/> CA 125 (blood test for ovarian cancer)
<input type="checkbox"/> CA 15-3 (blood test for breast cancer)
<input type="checkbox"/> CEA (blood test for colon cancer)
<input type="checkbox"/> Colonoscopy/ Virtual Colonoscopy
<input type="checkbox"/> Flexible Sigmoidoscopy | <input type="checkbox"/> Hemocult Stool Analysis
<input type="checkbox"/> Mammogram
<input type="checkbox"/> Pap Smear (Convention or Thin Prep)
<input type="checkbox"/> PSA (blood test for prostate cancer)
<input type="checkbox"/> Serum Protein Electrophoresis (blood test for myeloma)
<input type="checkbox"/> Testicular Ultrasound
<input type="checkbox"/> Transvaginal Ultrasound |
|--|--|

Date of Service: _____
MM/DD/YYYY

Provider Name: _____ Provider Telephone: (_____) _____

DO NOT INCLUDE – Receipts, Statements, Test Results, Itemized Bills, or Other Claim Forms

Acknowledgement

All benefits of this Rider are per Covered Person and are subject to the terms, definitions, provisions, limitations, and exclusions of the policy to which it is attached. Any person who knowingly files a statement of claim containing false, incomplete or misleading information may be subject to civil and criminal penalties. The Provider listed above is authorized to validate the information I have provided.

Signature: _____ Date: _____
MM/DD/YYYY