

## INSTRUCTIONS FOR FILING A MEDICAL CLAIM CANCER TREATMENT

The forms must be completed by the claimant. All questions on the forms must be answered in full. Incomplete or illegible answers may result in the delay of claim consideration. Please return the requested information as soon as possible for prompt processing.

**The claimant is responsible for this information without expense to the Company.**

- The enclosed **Statement of Claim** should be fully completed by the primary insured and the patient. Please make sure the Authorization at the bottom of the page is signed and dated.
- The **Physician's Statement of Claim** should be completed by your primary treating physician.
- A **Pathology Report** showing a positive diagnosis of Cancer and the date it was made.
- This can be obtained from the physician.
- **Itemized Hospital Bills:** Please obtain from the hospital or outpatient facility the UB04 standard billing form or a detailed billing indicating line by line description of services and diagnosis.
- **Itemized Physician Bills:** Please obtain a HCFA1500 from the physicians for surgery, anesthesiology, and chemotherapy, radiation therapy. Itemized billings which provide us with the diagnosis, procedure codes, charges and service dates are also acceptable.
- **Primary Insurance EOBs:** If you have a primary insurance carrier which has paid on your claim, please include their explanation of benefits.
- The enclosed **HIPAA** form, Authorization Form for Disclosures of a Claimant's
- Protected Health Information should be fully completed by the **patient**.
- The enclosed **Personal Representative HIPAA** form, Authorization Form for
- Disclosures of a Claimant's Protected Health Information to Personal Representative should be completed if someone other than the patient needs to be able to discuss sensitive policy or claim information with our office. The patient may also provide a copy of a current **General Durable Power of Attorney** in lieu of this form.
- Please **DO NOT HIGHLIGHT** your bills or forms.

**If your condition was diagnosed within the first two (2) years of your policy's effective date, it is considered contestable. We may request medical records from the physicians who have treated you within the five (5) years prior to the policy effective date. Please make sure to provide a list of the full names, addresses and telephone numbers of all physicians who have treated you.**

**This instruction form and our requests for additional information should not be considered a guarantee that payment will be made. Please make sure all documentation requested is fully completed and returned to our office as soon as possible. If you have questions, please contact our Customer Service Department.**