

CENTRAL UNITED LIFE INSURANCE COMPANY

REPORT OF CANCER OR SPECIFIED DISEASE CLAIM

PATIENT'S NAME		DATE OF BIRTH	POLICY NUMBER
ADDRESS		SOCIAL SECURITY NUMBER	
POLICYHOLDER'S NAME		RELATIONSHIP to POLICYHOLDER	
WHAT IS THE NATURE OF YOUR ILLNESS?	DATE DIAGNOSED	DATE OF FIRST TREATMENT	
PHYSICIAN NAME AND ADDRESS			
WERE YOU HOSPITALIZED? YES _____ NO _____ DATE OF CONFINEMENT _____ THROUGH _____			
NAME AND ADDRESS OF HOSPITAL _____			
HAVE YOU EVER HAD A SIMILAR ILLNESS? YES _____ NO _____ IF SO, WHEN _____			

I authorize any physician, hospital, insurer or other organization or person having any records, data or information concerning me or my minor dependents to furnish such records, data or information as may be requested by Central United Life Insurance Company or their duly authorized representative to Central United Life Insurance Company. I understand that in executing this authorization I waive the right for such information to be privileged. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization is valid for 24 months. Revocation of the authorization must be submitted in writing. I or my authorized representative is entitled to a copy of this authorization.

Date: _____ Signature of Insured: _____
Social Security #

Signature of Patient: _____
Required only if patient is spouse or over age 18

Address _____

City _____ State _____ Zip _____

Return the following documents to us at the address below:

- **This completed, signed claim form,**
- **Itemized bills,**
- **Documents showing the actual charges paid by you or on your behalf (such as Explanation of Benefit payment from your primary insurance carrier or Statement of Account from your health care provider.)**

Claims Department
P.O. Box 925309
Houston, TX 77292-5309
1-800-669-9030

INSURANCE FRAUD WARNING

Any person who, with intent to injure, deceive, or defraud, or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of a crime.

IMPORTANT NOTICE REGARDING CANCER CLAIMS

In today's health care system, there is often a significant difference between the amount a provider bills for a service versus the amount the provider, in fact, charges for that service. For example, a provider may send you a bill showing an amount supposedly due for a service. In fact, if you have primary insurance, your provider has typically already entered into an agreement with your primary insurer that sets the charge for that service below the amount contained in the provider's bill.

Similarly, where Medicare is involved, the amount charged by the provider may be set by law. This amount is often less than the amount contained in the provider's bill. Additionally, you personally may have requested and received an adjustment to the provider's bill reducing the amount charged by the provider. In all of these cases, the provider's bill does not reflect the amount the provider, in fact, charged for the service. The actual charge instead will be reflected in an Explanation of Benefits (EOB), Medicare Summary, or other similar documentation provided to you.

In those instances where the benefit amount under your supplemental cancer policy is based upon the amount you are charged or the actual charges for a particular benefit and is not a specified limited benefit, we determine the charge or fee based upon the amount that the provider has, in fact, charged: that is, the amount the provider has accepted as full payment by you or on your behalf for the service rendered.

Here's what you can do to expedite the processing of your claim: When making a claim for a benefit that is based on a charge or fee for services, please supply us with documentation reflecting any adjustments your provider has applied to its bill. This will enable us to determine the amount that was paid by you or on your behalf for covered services and accepted by the provider as payment in full for those services. This information would include, for example, any Explanation of Benefit statements, Medicare Summary, or statements of account showing the charges paid by you or on your behalf.

Please call us at 1-800-669-9030 if you have any questions. We appreciate your business.