

Please check the box next to your insurance company's name.

- Central United Life Insurance Investors Consolidated Insurance Company Loyal American Insurance Company Unum

EXPRESS CANCER SCREENING BENEFIT CLAIM FORM

◆ PATIENT AND INSURED INFORMATION ◆

PATIENT'S NAME DATE OF BIRTH POLICY NUMBER

ADDRESS SOCIAL SECURITY NUMBER

POLICYHOLDER'S NAME RELATIONSHIP TO POLICYHOLDER

PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE authorize any release of any medical information necessary to process this claim, I require payment to myself or to the party who accepts assignments below. X _____ DATE _____		INSURED OR AUTHORIZED PERSON'S SIGNATURE I I certify that the foregoing statements are true and correct. I DO <input type="checkbox"/> DO NOT <input type="checkbox"/> authorize payment of medical benefits to undersigned physician or supplier of services described below. X _____ DATE _____
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◆ PHYSICIAN OR PROVIDER INFORMATION ◆

Name And Address Of Facility Where Services Rendered			Your Patient Account No.	
Date of Service	Place of Service	Please place an X in the box beside the following tests performed	Diagnosis Code	Charges
		<input type="checkbox"/> Mammography		
		<input type="checkbox"/> Colonoscopy		
		<input type="checkbox"/> Flexible Sigmoidoscopy		
		<input type="checkbox"/> CA 125 (blood test ovarian cancer)		
		<input type="checkbox"/> Pap Smear (test only)		
		<input type="checkbox"/> Chest X-ray		
		<input type="checkbox"/> PSA (blood test for prostate cancer)		
		<input type="checkbox"/> Hemocult Stool Specimen		
		<input type="checkbox"/> Serum Protein Electrophoresis		
Signature Of Physician Or Provider - NOT APPLICABLE IF BILL IS PROVIDED -			Physician's Or Supplier's Name, Address, Zip Code & Telephone No. _____ _____ _____	
X			Physician's Phone No.	ID Number

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 false or deceptive statement is guilty of a felony of the third degree.

CSB 1-98



Claims Department
 P. O. Box 925309
 Houston, TX 77292-5309