



PO Box 349
Gadsden, AL 35902

Phone: 256-543-2022
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Wellness CLAIM FORM

Policy Information (you must complete ALL of this this section)

Policy Number	Policyholder's Name	Date of Birth
		Male <input type="checkbox"/> Female <input type="checkbox"/>
Address		
Work/Home Phone	Social Security Number	Email Address
Cell Phone		

Claimant Information (you must complete ALL of this this section)

This claim is on: You Your Spouse Your Child Male Female

Patient's Name	Social Security Number	Date of Birth
	Cell Phone	

Provider Information - (List ALL Physicians, Clinics & Hospitals consulted)

Physician's Name	Address	Phone
Type of Test	Date of Test	

The Wellness Benefit is payable only once per calendar year per Covered Person

Qualifying tests are: Mammogram; Pap Smear; PSA; Colonoscopy; Biopsy; Breast MRI or Ultrasound; CA125; CA 15-3; CEA; Chest X-ray; Flexible Sigmoidoscopy; Hemocult Stool Specimen; Testicular Ultrasound, Thermography or Thin Prep; Serum Protein Electrophoresis; or Virtual Colonoscopy.

Please submit this completed form along with a detailed statement from the medical provider showing the type of test and date performed.

FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
NOTICE IN ARKANSAS, KENTUCKY AND LOUISIANA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.
NOTICE IN OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.
NOTICE IN FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
NOTICE IN TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signatures (you must complete this section) | I Certify the information stated herein is true and correct and I have read and acknowledge the explanations and fraud statements

Policyholder's Signature	Date
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