

PLEASE READ THIS INFORMATION BEFORE SUBMITTING YOUR CLAIM

If you need assistance, please contact our Customer Service Department at 1-800-669-9030.

PLEASE READ YOUR POLICY CAREFULLY

Cancer policies pay benefits for certain specified treatments, procedures and services rendered to the policyholder or named insured for the treatment of cancer. These limited benefit policies pay benefits only for those items listed in your policy. **Since the cancer policy is a specified benefits policy, it does not pay for all treatments, procedures or services you may receive in connection with your cancer treatment.** Please refer to your policy to determine your eligible benefits.

COMPLETE THE CLAIM FORM IN ITS ENTIRETY

Please do not send documents without a completed claim form. Always include your policy number on the claim form and indicate if you have more than one policy with us. Include the area code and telephone number for you and your physician.

TIMELY CLAIM FILING

All policies have a time period specified in the policy regarding when a claim must be submitted. Please review your policy to ensure you file all claims in accordance with your policy. Failure to file your claim timely may result in the claim being denied.

COMPLETE A HIPAA FORM

Please complete a HIPAA form, found on our web site, and submit it with your claim. You only need to complete this form once and we will keep the form on file. You do not need to submit a new HIPAA form with each claim. This form can assist us in obtaining additional information on your behalf to help process your claim.

ITEMIZED STATEMENTS

It is your responsibility to provide us with all of the information needed to determine if the services received are a benefit under the policy. Attach all relevant information to your claim form, i.e. itemized statements from each medical provider who treated you and your hospital UB-04s. These statements provide detailed information regarding the treatments, procedures, and services you received from the medical provider. Itemized statements must include:

- The name of the person or organization providing the service, their address, telephone number, and tax identification number
- Name of the patient
- Date each service was provided
- Description of each service
- A dollar amount for each service

PATHOLOGY REPORTS

Every diagnosis of cancer must be supported by a positive pathology report, including the initial and any subsequent diagnosis. Also, a pathology report must be submitted with any surgical claim.

CHEMOTHERAPY AND RADIATION

When you submit a claim for chemotherapy and /or radiation, please ensure that the statements from your providers contain the number of units that were administered.

SURGERY/ANESTHESIA

When submitting a claim for surgery performed to remove cancer, please provide the following:

- A copy of the surgeon's statement
- A copy of the anesthesiology statement, if you had anesthesia
- A pathology report should be submitted with any surgical claim.

PRESCRIPTION DRUGS

Please submit an itemized statement from the pharmacy which shows the name of the drug, the identifying drug number, and the amount paid. Cash register or charge slips are not acceptable.

TRANSPORTATION

If your policy has a transportation benefit provision and you had to travel away from your home to obtain cancer treatment, please provide the following:

- Completed transportation claim form. This form can be found on our web site.
- Any appropriate receipts (i.e. hotel receipts, airline tickets)

ACTUAL CHARGE POLICIES

Some policies contain benefits that are paid based on the actual charge. If you are unsure, please review the chemotherapy, radiation, and blood and plasma benefits in your policy.

If your policy pays benefits based on the actual charges, please submit documents showing the amount the medical provider actually charged – that is, the amount that was paid by or on your behalf to the medical provider as payment in full.

Documents which show the actual charges paid by you or on your behalf include an Explanation of Benefits from your primary insurance carrier.

If you need assistance in determining what documentation to provide, please contact our Customer Service Department at 1-800-669-9030.

A WORD ABOUT OUR EXPLANATION OF BENEFITS (EOB) STATEMENTS

Our EOBs only list those services which are covered benefits under the terms of your policy.

For example, if you submit a claim for chemotherapy administered in a hospital, the statement may contain miscellaneous hospital charges which may not be benefits under your policy.

Only those items that are covered services as indicated in your policy will be listed on the EOB.