

# CANCER SCREENING BENEFIT CLAIM FORM

Please check the box beside your insurance company's name.

- Manhattan Life Insurance Company     Central United Life Insurance Company  
 Family Life Insurance Company

## ◆ 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

I 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 certify that the foregoing statements are true and correct.  
 I DO     I DO NOT    authorize payment of medical benefits to undersigned physician or supplier of services described below.

X \_\_\_\_\_ DATE \_\_\_\_\_

## ◆ 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		
		<input type="checkbox"/> Other		

Signature Of Physician Or Provider  
 \*NOT APPLICABLE IF STATEMENT IS PROVIDED\*

X \_\_\_\_\_ DATE \_\_\_\_\_

### Physician's or Supplier's Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, ZIP Code

\_\_\_\_\_  
Physician's Telephone No. ID Number

Claims Department  
 P.O. Box 925309  
 Houston, TX 77292-5309  
 Customer Service Department 1-800-669-9030  
 www.manhattanlife.com

