

CANCER SCREENING BENEFIT CLAIM FORM

To file your Cancer Screening Benefit:

- Print this form and complete highlighted areas
- Scan completed form and documentation of service to your computer
- Return your completed form and documentation of service provided to:
 - Email – alicia@reichardtinsurance.com
 - Fax – 870-698-2933
 - In person – Randy Reichardt Insurance Agency
- Please call Alicia at 870-698-2928 (w) or 870-613-8184 (c) with any questions

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.

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 _____ 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

Physician's or Supplier's Information

 Name

 Address, ZIP Code

 Physician's Telephone No. ID Number

X _____ DATE _____

