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

❑ Central United Life Insurance ❑ Investors Consolidated Insurance Company ❑ Loyal American Insurance Company ❑ Unum
❑ The Manhattan Life Insurance Company

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 ❑ 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
		❑ Mammography		
		❑ Colonoscopy		
		❑ Flexible Sigmoidoscopy		
		❑ CA 125 (blood test ovarian cancer)		
		❑ Pap Smear (test only)		
		❑ Chest X-ray		
		❑ PSA (blood test for prostate cancer)		
		❑ Hemocult Stool Specimen		
		❑ Serum Protein Electrophoresis		

Signature Of Physician Or Provider
- NOT APPLICABLE IF BILL IS PROVIDED –

X

Physician's Or Supplier's Name, Address, Zip Code & Telephone No.

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

MANHATTAN INSURANCE GROUP

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

COMPLETE AND RETURN THIS FORM PROMPTLY
Please fold in half, then fold in half again so that the address is showing thru the window in the enclosed envelope