

THE LOYAL AMERICAN CLAIMS PROCESSING
ADDRESS HAS CHANGED. MAIL CLAIMS TO:

LOYAL AMERICAN LIFE INSURANCE COMPANY
CLAIMS PROCESSING OFFICE
PO BOX 1604
DUNCAN, OK 73534-1604

LOYAL AMERICAN LIFE INSURANCE COMPANY®

Claim Processing Office
P.O. Box 559004, Austin, Texas 78755-9004

**EARLY DETECTION BENEFIT CLAIM FORM
(For Cancer Screening Tests)**

Policy Number _____	Name of Patient _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____
Name and Address of Primary Insured _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____
		Social Security No. _____	Telephone () _____
Spouse's Name _____			
Patient is:	<input type="checkbox"/> Primary Insured <input type="checkbox"/> Spouse <input type="checkbox"/> Natural Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> *Other Child	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student (Where?) _____
* (If "Other" please explain): _____			
Home Address of Patient: _____			
Address _____	City or Town _____	State(or Province) _____	Zip Code _____
INSTRUCTIONS			
ATTACH A COPY OF THE DOCTOR'S BILL SHOWING THE SERVICE PERFORMED, DATE OF SERVICE AND AMOUNT CHARGED. FOR ASSISTANCE, CALL TOLL FREE 1-800-633-6752.			
Warning: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.			
I further certify that I have read and understand the above Fraud Warning Statement and the additional Fraud Warning			
Signature of Claimant _____	Present Address _____	Date _____	