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CLAIMANT'S STATEMENT

Name of Claimant	SS #	Policy/Certificate #
Street Address or P.O. Box		City, State and Zip
Name of Primary Insured	SS #	Primary Insured's Employer

WELLNESS, ROUTINE HEALTH, AND/OR CANCER SCREENING INFORMATION

The tests provided on this form is not a guarantee of benefits. Product provisions and availability may vary by state. Eligibility for benefits is based upon the plan benefits issued, eligibility, the date services are rendered, and all plan provisions.

Date Test was Performed:

Which Test(s) or Health Exam was performed:

Cancer Screening Tests	Other Preventive Tests and Annual Wellness/Routine Health Screening Exam
Biopsy for skin cancer Negative for cancer Positive for cancer Breast thermography Breast ultrasound CA 125 (blood test for ovarian cancer) CA 15-3 (blood test for cancer) CA 19-9 (blood test for pancreatic cancer) CEA (blood test for colon cancer) Chest x-ray Colonoscopy Doppler Ultrasound Flexible sigmoidoscopy Hemoccult stool specimen Mammogram Pap smear or Thin Prep Pap test PSA (blood test for prostate cancer) Routine skin check for cancer Serum protein electrophoresis (blood test for myeloma) Other Cancer Screen Test:	Annual Wellness or Routine Health Screening Exam Blood test for triglycerides Bone marrow testing Echocardiogram EKG (Electrocardiogram) Exercise or pharmacologic stress test Fasting blood glucose test Serum cholesterol test to determine level of HDL and LDL Testicular ultrasound Other Preventive or Routine Health Screening Test:
	Other Diagnostic Tests
	Computerized Axial Tomography (CAT scan) Computerized Tomography Scan (CT) Magnetic Resonance Imaging (MRI) Neuroimaging studies Positron Emission Tomography (PET scan)

MEDICAL PROVIDER'S INFORMATION

Medical Provider's Name:	Medical Provider's Phone Number:
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WARNING - AL - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. **AK** - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

AZ - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **AR, DC, LA, RI and WV** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **CA and TX** - For your protection California and Texas law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **CO** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **DE, ID and OK** - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **FL** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **IN** - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony. **KY** - Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **ME, TN, VA and WA** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **MD** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **MN** - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **NH** - Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. **NJ** - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **NM** - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. **OH** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **PA** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

BY SIGNING BELOW, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Primary Insured's Signature	Claimant's Signature	Date Signed
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