

CANCER SCREENING BENEFIT CLAIM FORM

The Manhattan Life Insurance Company

Family Life Insurance Company

ManhattanLife Insurance and Annuity Company



Faster, Easier Online Claim Filing!

Through your online or mobile account, you can file your claim, check claim status, sign up for notifications, update your personal information, enroll in EFT, view your detailed policy, and more!



To receive your one-time CSB claim payment by electronic funds transfer (EFT) please submit your claim online through your Policyholder Portal.

Policyholder's Name

Date of Birth

Policy Number

Address

Social Security Number

Patient's Name

Relationship to Policyholder

PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

INSURED 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.

I certify that the foregoing statements are true and correct.

X _____ DATE _____

X _____ DATE _____

Cancer Screening Services		
Date of Service	Please place an X in the box beside the test(s) performed	Charges
	<input type="checkbox"/> Mammography Screening	
	<input type="checkbox"/> PAP smear (test only)	
	<input type="checkbox"/> CA125 (blood test for ovarian Cancer)	
	<input type="checkbox"/> PSA (blood test for prostate Cancer)	
	<input type="checkbox"/> Hemocult stool specimen	
	<input type="checkbox"/> Flexible sigmoidoscopy	
	<input type="checkbox"/> CEA (blood test for colon Cancer)	
	<input type="checkbox"/> Colonoscopy	
	<input type="checkbox"/> Chest X-ray	
	<input type="checkbox"/> Thermography	
	<input type="checkbox"/> Serum protein electrophoresis	
	<input type="checkbox"/> Other - please specify: _____	

Physician/Provider Information:

Printed Name of Physician _____ Phone No. _____

Street Address _____ Specialty _____

City _____ State _____ ZIP Code _____

Mailing Address: Claims Department | P.O. Box 925309 | Houston, TX 77292
 Email: CancerClaims@manhattanlife.com | Toll-Free: 800-669-9030 | Fax: 713-583-8508

