



ULA

CANCER CLAIM — INDIVIDUAL

Policy Number _____

Name of Insured _____

Mailing Address _____

_____ City _____ State _____ Zip _____

Name of Patient _____ Relationship _____ Date of Birth _____

1. Have you ever had this condition or a similar condition before? If yes, please provide complete details.

2. Date on which symptoms were first noticed.
3. Date of first treatment.

4. Names and addresses of physicians or practitioners consulted for this condition.

5. Name of hospitals and date of confinement for this condition.

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 subject to prosecution and punishment for insurance fraud.

AUTHORIZATION

I hereby authorize any physician, hospital, pharmacy, employer, dentist, coroner/medical examiner, law enforcement agency, insurance organization, consumer reporting agency, or other person or entity possessing any medical information, any information about insurance policies/benefits, or any other information to release all information to Kanawha Insurance Company. This includes any drug, alcohol, psychiatric, HIV infection or AIDS related treatment. A photocopy shall be as valid as the original. The authorization is valid 6 months from the date signed.

_____ Date _____ Signature _____ Address _____

If signed on behalf of another, give relationship: _____

SEE REVERSE SIDE FOR ASSIGNMENT OF BENEFITS

INSTRUCTIONS FOR FILING A CLAIM

HOSPITAL CONFINEMENT: Submit itemized inpatient hospital bill attached to a claim form.

SURGEON/PHYSICAL: Complete Attending Physician's Statement or similar form using Current Procedural Terminology (CPT-4) Codes for all surgical procedures. All statements and reports should be attached to a claim form.

OTHER COVERED EXPENSES: furnish itemized details of service rendered and charge for each service or visit. All items should be attached to a claim form.

Positive proof of cancer must be furnished to establish a claim. Generally, proof is a pathologist's report or, in the event the cancer was diagnosed without surgery, laboratory and x-ray examination reports used to make the definitive diagnosis of cancer. All reports should be attached to a claim form.

Mail completed claims and other documentation (attached to claim forms) to:

KANAWHA INSURANCE COMPANY
ATTENTION: BENEFITS DEPARTMENT
POST OFFICE BOX 2000
LANCASTER SC 29721-2000

