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TheStandard®

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Health Maintenance Screening Benefit Claim Form

Instructions

Please complete, sign and submit this form to the address, email address or fax number at the top of this form. You will need to complete a separate form for each family member. If you submit claim information by email, please keep in mind that communications via email are not secure. While unlikely, there is a possibility that information can be intercepted in transmission or misdirected and read by other parties besides the person to whom it is addressed. Please consider communicating any sensitive information by fax or mail. If known, please include your Employer Name and Policy Number, Insured's Name and Claim Number on documentation submitted.

For specific information about your benefits, refer to your group insurance certificate. The group policy and certificate are the ultimate authority for Health Maintenance Screening Benefit claim decisions. If you need additional information, please contact your employer's benefit administrator or call the customer service line listed above.

For a prompt review of your claim, ALL of this form must be thoroughly completed and signed.

A. About the Insured

Full Name	Employer/Company Name	Group Policy No.	
Social Security No.	Date of Birth	Sex ☐ Male ☐ Female ☐ X	
Phone No. ( )	Email Address		
Mailing Address	City	State	ZIP

B. About the Patient – Check One ☐ You ☐ Spouse ☐ Domestic Partner ☐ Civil Union Partner ☐ Child

If the Insured is the Patient, then you do not need to complete this section again.

Full Name	Social Security No.	Phone No. ( )
Email Address	Date of Birth	Sex ☐ Male ☐ Female ☐ X

C. About the Health Maintenance Screening Procedure(s)* performed

Procedure	Date Performed (mm/dd/yy)	Procedure	Date Performed (mm/dd/yy)
Abdominal aortic aneurysm ultrasound		Generally medically accepted cancer screening test	
ABI - Ankle Brachial Index screening for peripheral vascular disease		Hemocult stool analysis	
Biopsies for cancer		Hemoglobin A1C	
Bone density screening		Human Papillomavirus Vaccination (HPV)	
Breast ultrasound		Lipid panel	
CA 125 (blood test for ovarian cancer)		Mammography	
CA 15-3 (blood test for breast cancer)		Mental health assessment	
CEA (blood test for colon cancer)		Novel Infectious disease testing	
Colonoscopy		Pap smears or thin prep pap test	
Complete Blood Count (CBC)		PSA (blood test for prostate cancer)	
Comprehensive Metabolic Panel (CMP)		Stress test (bicycle or treadmill)	
Electrocardiogram (EKG)			

*Not all tests are available in all states or for all products. Refer to your certificate(s). Please only select one screening per claim.

D. Acknowledgement

I certify that the above statements are complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 2 of this form.

Signature of Insured _____ Date _____

Some states require us to provide the following information to you:

ALABAMA, MARYLAND AND RHODE ISLAND RESIDENTS

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.

CALIFORNIA RESIDENTS

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO RESIDENTS

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 the 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.

DISTRICT OF COLUMBIA RESIDENTS

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

FLORIDA RESIDENTS

Any person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

NEW HAMPSHIRE RESIDENTS

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.

NEW JERSEY RESIDENTS

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO RESIDENTS

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.

NEW YORK RESIDENTS

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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA RESIDENTS

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.

TEXAS RESIDENTS

Any person who knowingly presents a 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.

ALL OTHER RESIDENTS

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

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