



Diagnostic Testing or Health and Wellness Benefit Claim Filing Instructions

Faster, Easier Online Claim Filing

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

SB-32082-0219



Two Easy Ways to Register

Online at **americanfidelity.com**

Download AFmobile® from the
Apple App Store or **Google Play**



 **Stop here! Paper claim filing is not the fastest option.** Receive your money faster when you file online or through AFmobile.

Claim Filing Instructions for Mail or Fax *(please complete this packet in full to avoid delays in your claim processing.):*

- Complete the Statement of Insured.
- Mail or fax the completed forms to American Fidelity at the address or fax number listed above.
- If the date of your test is two years or older, please attach a copy of the bill, receipt, or other documentation including the name of the test and date of service.
- If the date of your test is less than two years old, evidence of the test is not required, unless indicated in the additional instructions below.

Additional Instructions for C3, C4, or C5 Cancer Policyholders *(please see bottom left corner of your policy):*

- Attach copies of the bill, receipt, or evidence which includes the name of the test and date of service.
- Attach the Explanation of Benefits (EOB) from your primary medical coverage that corresponds to each claimed date of service.

Additional Instructions for Idaho or Pennsylvania C6, C7, C8, or C9 Cancer Policyholders Filing for a Mammography Benefit *(please see bottom left corner of your policy):*

- Attach copies of the bill, receipt, or evidence which includes the name of the test and date of service.

To receive updates on the status of your claims, log in or register for an account at **americanfidelity.com** and select your communication preferences.

Your Money Direct, Your Money Faster. Enroll in Direct Deposit.

To set up direct deposit with American Fidelity, provide all required information below with your submitted claim. You may also enroll in direct deposit through your online account.

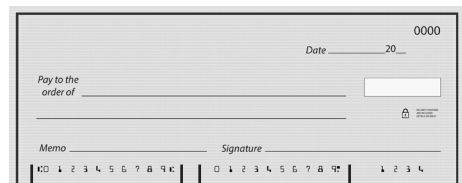
I authorize American Fidelity Assurance Company (AFA) to initiate credit entries to my account as indicated. I also authorize AFA to debit my account for any deposits made in error. This authorization remains effective and in full force until AFA receives written notification from me of its termination in such time and in such manner as to afford AFA and the Depository a reasonable opportunity to act on it. Please notify AFA immediately if your depository information has changed. This authorization applies to benefits payable under all benefit plans with AFA.

Signature: _____

You must provide the following information:

Routing Number: _____

Account Number: _____



Routing Number Account Number



STATEMENT OF INSURED To be completed by Employee.

Full Name: *(last, first, middle initial)*

Date of Birth

Social Security Number

Account Number

Telephone Number

Mailing Address:

City

State

Zip

Email Address

Employer Name

PATIENT INFORMATION To be completed by Employee. (Fill in as many squares as spacing allows)

For whom do you make this request? Self Spouse Child Other

Date of Birth: *(month, day, year)*

Full Name: *(last, first, middle initial)*

Date of Test: *(month, day, year)*

Tests performed on this date: Please select all tests performed on this date. Different dates of service will require separate claim forms. Some types of tests and/or treatment listed may not be covered by your policy.

- | | | |
|--|---|---|
| <input type="checkbox"/> Blood test for triglycerides | <input type="checkbox"/> Mammogram | <input type="checkbox"/> Colon cancer blood test (CEA) |
| <input type="checkbox"/> Doppler Ultrasound | <input type="checkbox"/> Breast Ultrasound | <input type="checkbox"/> Flexible sigmoidoscopy |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Breast thermography | <input type="checkbox"/> Testicular Ultrasound |
| <input type="checkbox"/> Electrocardiogram (EKG) | <input type="checkbox"/> Breast cancer blood test (CA 15-3) | <input type="checkbox"/> Ovarian cancer blood test (CA-125) |
| <input type="checkbox"/> Fasting blood glucose test | <input type="checkbox"/> Pancreatic cancer blood test (CA 19-9) | <input type="checkbox"/> Biopsy for skin cancer |
| <input type="checkbox"/> Exercise or pharmacologic Stress Test | <input type="checkbox"/> Virtual Colonoscopy | <input type="checkbox"/> Routine Examination |
| <input type="checkbox"/> Neuroimaging Studies | <input type="checkbox"/> Pap Smear | <input type="checkbox"/> Preventive Testing |
| <input type="checkbox"/> Chest X-Ray | <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Annual Physical Exam |
| <input type="checkbox"/> Immunization(s) | <input type="checkbox"/> Hemocult Stool Specimen | <input type="checkbox"/> Serum cholesterol test to determine HDL and LDL levels |
| <input type="checkbox"/> Prostate-specific antigen blood test (PSA) | <input type="checkbox"/> Endoscopy | |
| <input type="checkbox"/> *Other (if selected, documentation of test must be provided with claim form submission) | *Test Name | |

Provider Name

Provider Phone

Provider Address

City

State

Zip

I authorize the Provider(s) listed above to validate the information I have provided. I certify this information is true and correct.

Signature: _____

Date: _____

Claim Form Fraud Statements

The following fraud language is attached to, and made part of, this claim form. **Please read and do not remove this page from this claim form.**

If you live in a jurisdiction not mentioned below, the following applies to you: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in prison.

Alabama - 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.

Alaska - 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.

Arizona - 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.

Arkansas, District of Columbia, Louisiana, Rhode Island and West Virginia - 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.

California and Texas - 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.

Colorado - 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.

Delaware, Idaho and Oklahoma - 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.

Florida - 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.

Indiana - 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.

Kentucky - 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.

Maine, Tennessee, Virginia and Washington - 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.

Maryland - 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.

Minnesota - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

New Mexico - 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.

Ohio - 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.

Pennsylvania - 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.

Puerto Rico - Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.