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TheStandard®

Standard Insurance Company
866.851.5505 Tel 402.328.4029 Fax
PO Box 85508 Lincoln NE 68501-5508

# Health Maintenance Screening Benefit Claim Form

## Instructions

Please complete, sign and submit this form to the address or fax number stated at the top of this form. You will need to complete a separate form for each family member.

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. |
|---|---|---|
| | **Sheldon ISD** | **760840** |
| Social Security No. | Date of Birth | Sex ☐ Male ☐ Female |
| 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 |
|---|---|---|
| | | |

## 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 | | Comprehensive Metabolic Panel (CMP) | |
| ABI - Ankle Brachial Index screening for peripheral vascular disease | | Electrocardiogram (EKG) | |
| | | 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) | | Pap smears or thin prep pap test | |
| CEA (blood test for colon cancer) | | PSA (blood test for prostate cancer) | |
| Colonoscopy | | Stress test (bicycle or treadmill) | |
| Complete Blood Count (CBC) | | Generally medically accepted cancer screening test* | |

*Procedure is only available in the state of California.

## 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 _____

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# Health Maintenance Screening Benefit Claim Form Fraud Notices

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 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.

**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 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 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.

## 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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