

Critical Illness and Supplemental Health – Health Screening Benefit Claim Filing Instructions

Page One – Filing Instructions

- Complete the appropriate sections of the claim form (page 2).
- Submit to the address or fax to the number below.

Page Two – Critical Illness and Supplemental Health – Health Screening Benefit Claim Form

- Must be completed each time to file a claim.
- The claim must include either sections II & III completed and signed by your physician or an itemized billing from your provider that includes the date of service and service(s) provided (cpt codes).



- Before mailing your claim form, please be sure you have included all items listed above to prevent delay in processing of your claim.
- Retain a copy of all information submitted for your records.

If you have any questions when completing this form, please call 1-877-378-1505.

Mail to the following address:

Kanawha Insurance Company

A Humana company
P.O. Box 2000
Lancaster, SC 29721-2000

Or FAX to:

1-502-405-7107

Critical Illness and Supplemental Health – Health Screening Benefit Claim Form

This claim form can be used to request reimbursement for your Health Screening Benefits under your Critical Illness or Supplemental Health plan. You can either have your physician complete and sign the information below or attach documentation from the provider indicating the date of service, and the service provided (description or CPT code).

Submission of the Health Screening benefit claim form is not a guarantee of payment. Plan requirements do vary and coverage will be based on your policy provisions. Additional information may be required. Most Critical Illness plans require services be provided more than 90 days after the effective date in order to be eligible for coverage. Supplemental Health Plans normally require services be provided more than 180 days after the effective date in order to be eligible for coverage. However, these limitations can vary per plan. Review your plan for more information on the specific information on the wellness/ health screening benefits and applicable claims waiting periods.

Section I – Member Information:

Is the claim for the: Policyholder Dependent

Policyholder's Name _____ Policy No. _____

Street Address _____ Social Security No. _____

City _____ State _____ ZIP Code _____ Date of Birth ____/____/____

Daytime Telephone No. (____) _____

Do you have medical coverage with Humana? Yes No If yes, Medical ID No. _____

Claimant Name _____ Date of Birth ____/____/____

Section II – Provider Information:

Printed Name of Physician _____ Phone No. (____) _____

Street Address _____ Specialty _____

City _____ State _____ ZIP Code _____

Signature of Physician _____ Date ____/____/____

Section III – Service Information:

Please check all services provided below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Bone Marrow testing | <input type="checkbox"/> CA 15-A (for Breast Cancer) | <input type="checkbox"/> CA-125 (Ovarian Cancer) |
| <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> CEA (Colon Cancer) | <input type="checkbox"/> Colonoscopy |
| <input type="checkbox"/> Flexible Sigmoidoscopy | <input type="checkbox"/> Hemocult Stool Analysis | <input type="checkbox"/> Mammography (including ultrasound) |
| <input type="checkbox"/> Pap Smear | <input type="checkbox"/> PSA (Prostate Cancer) | <input type="checkbox"/> Serum Protein Electrophoresis |
| <input type="checkbox"/> Biopsy for Skin Cancer | <input type="checkbox"/> Stress Test (bike or treadmill) | <input type="checkbox"/> Electrocardiogram (EKG) |
| <input type="checkbox"/> Lipid Panel | <input type="checkbox"/> Blood test for Triglycerides | <input type="checkbox"/> Oral Cancer Screening using ViziLite, OraTest or other current dental code D0431 |

Any Person, who with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. (See State Specific Fraud Warning Statements on page 3)

The above statements are true to the best of my knowledge and belief.

_____/____/____
Signature of Policyholder Date

State Specific Fraud Warning Statements

Kanawha Insurance Company:

Any Person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits and Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. We may notify all state and federal law enforcement agencies of any suspected Fraud, as determined by Us. We reserve the right to recover any payments made by Us that were made to You and/or any party on Your behalf, based on fraudulent or misrepresented information.

Arkansas, Louisiana, Maryland, Rhode Island

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, New Jersey

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

District of Columbia

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

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.

Kentucky, Ohio, 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.

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.

North Carolina

Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.

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.

Oregon

Any person who knowingly and with intent to defraud, commits a fraud against an insurer by submitting a claim containing an intentionally materially false or deceptive misstatement, misrepresentation, omission, or conceals any fact material to the interest of Humana, may have committed fraud which is a crime and which may result in the loss of coverage and/or denial of claim under this policy and may subject such person to prosecution for fraud, including criminal and civil penalties. Eligibility for coverage on this policy may be denied or rescinded under this provision without time limit in the event of fraud.

Beginning two years after the effective date of this policy no misstatements, except fraudulent misstatements, may be used to void this policy.

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 include imprisonment, fines, and denial of insurance benefits.