

Cancer Screening (Early Detection), Healthy Heart, or Wellness Claim Checklist

When you are faced with the unexpected, we are here to help.

If you need assistance, please contact the Claims Department at 440-922-5151.

Before you start, you will need:

- Policy Number
- Policyholder's Name and Address
- Policyholder's Date of Birth
- Policyholder's Phone Number

To file a claim, you will need:

- Patient/Claimant's Name
- Patient/Claimant's Date of Birth
- Patient/Claimant's Relationship to the Policyholder
- Supporting Documents

Please obtain the following supporting documents if applicable to your claim:

- Medical records, medical report results, or an itemized bill** which includes the following:
 - Patient/Claimant's full name
 - Date of service
 - Name of the screening test or description of the service
 - For covered children, please provide the child's date of birth