

# Cancer Screening Wellness Benefit Claim Form

Some of the tests listed may not be covered under the Wellness Benefit of your policy. Please check your policy for a list of covered wellness procedures or call 1-800-99-AFLAC (1-800-992-3522) for a Wellness Form specifically tailored for your policy.

Please use black or blue ink only and print legibly when completing this form in its entirety. Keep a copy of the supporting documentation and this completed form for your records. Sign, date, and mail the completed form to the Aflac address shown below.

## Policyholder Information

Policyholder's First Name:   
Middle Initial:   
Policyholder's Last Name:   
M M D D Y Y Y Y ZIP of mailing address:   
Policyholder's Birth Date:

Policy Number:

## Patient Information

First Name:   
Middle Initial:   
Last Name:   
Relationship:  Primary Policyholder  Spouse  Dependent Child  
Sex:  Male  Female  
Patient's Birth Date:   
M M D D Y Y Y Y

## Wellness Exam

Treatment Date:   
 Colonoscopy  
 Virtual colonoscopy  
 Pap smear - ThinPrep  
 Pap smear  
M M D D Y Y Y Y  
 Testicular Ultrasound  
 Breast MRI  
 Cancer Prevention Vaccine  
 CA 153  
 CEA (blood test for colon cancer)  
 CA 125 (blood test for ovarian cancer)  
 Mammogram  
 Hemocult stool specimen  
 Flexible sigmoidoscopy  
 Thermography  
 Chest X-ray  
 PSA (blood test for prostate cancer)  
 Breast ultrasound/Breast sonogram  
 Biopsy  
M M D D Y Y Y Y  
Pap Smear Date:   
Mammogram Date:   
Provide Actual Cost for Mammogram:

## Physician Information

Phone Number:

Name:   
Street Address:   
City:   
State:   
ZIP:

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.

I certify that the information provided is true and correct:

\_\_\_\_\_  
POLICYHOLDER'S SIGNATURE

\_\_\_\_\_  
DATE

American Family Life Assurance Company of Columbus (Aflac)  
Attn: Claims Department • 1932 Wynnton Road • Columbus, GA 31999-7251  
1-800-99-AFLAC (1-800-992-3522) • aflac.com • 1-800-SI-AFLAC (1-800-742-3522) en español