USAble Life

WELLNESS BENEFIT | Request Form

Send claim form to:
- **Attn:** Claims Department
  USAble Life
  P.O. Box 1650
  Little Rock, AR 72203-1650
- **Email:** claims@usablelife.com
- **Fax:** 501-235-8416

Thank you for selecting coverage from USAble Life.
- Complete this form to request your calendar year Wellness Benefit (if applicable to your policy).
- For clarity, the Insured is referred to as "you", "your" and "patient" on this form.

You may reach us with any questions at 800-370-5856, Monday-Friday, 8:00 a.m. to 4:30 p.m. CT.

Personal Information

List your personal information.

Insured's name • Social Security Number • Birth date •

Best phone number • Email address •

Home address •

City • State • Zip •

Employer Information

List your employer information.

Employer name • Group policy number •

Patient Information

List patient information.

Patient's name • Social Security Number • Birth date •

Relation to insured ❍ Self ❍ Spouse ❍ Dependent

Test/Service Performed

Select the test or treatment you had done.

❍ Routine Exam/Physical
❍ Vision Exam
❍ Dental X-Ray
❍ Chest X-Ray
❍ Flexible Sigmoidoscopy
❍ Hemocult Stool Specimen
❍ Colonoscopy
❍ Ultrasounds
❍ EKG
❍ Thermography
❍ Breast MRI
❍ Mammogram*
❍ Pap Smear-ThinPrep*
❍ Biopsy
❍ Cancer Prevention *(Vaccine/Immunizations)*
❍ CEA *(blood test for colon cancer)*
❍ PSA *(blood test for prostate cancer)*
❍ CA 15-3 *(blood test for breast cancer)*
❍ CA 125 *(blood test for ovarian cancer)*

**For PA residents only, enter actual cost:*
Mammogram cost: • Pap Smear-ThinPrep cost: •

Provider of Test/Service

Provide information on where test/service was performed.

Name of medical facility •

Performing physician's name • Date performed •

Address •

City • State • Zip • Phone number •

Signature

Sign and date this form.

I understand approved benefits will be sent to my home address listed above.

Insured's signature • Date •

Best phone number •

⚠ **Fraud Warning:** Anyone who commits with the purpose to injure, defraud or deceive USAble Life, knowingly submits or helps someone else to submit any oral or written statements knowing that these statements contain false, incomplete, or misleading information concerning any application, claims for payment, or benefits pursuant to this insurance coverage is committing insurance fraud. USAble Life will pursue such activity to the fullest extent allowable by law.