

WELLNESS/CANCER SCREENING INFORMATION

Routine cancer screenings can play an important role in achieving and maintaining a healthy lifestyle. Early detection of cancer often leads to additional treatment options and a greater chance of fighting this disease. To claim your “Diagnostic Testing Benefit” please provide the information requested below.

Insured’s Name: _____

SS # of Employee/Plan Holder ID #: _____

Insured’s Address: _____

Name of Your Employer: _____

Name of Patient/Claimant: _____

Attach an itemized copy of your bill of services with the Patient name, Provider name, date of service and CPT/Diagnosis codes and mail to:

American Public Life Insurance Company
P O Box 925
Jackson, MS 39205-0925

For questions, please call Customer Service: 800.256.8606

The itemized bill listing the patient name, date of service, amount, and CPT/Diagnosis codes will need to be submitted along with the wellness form.