

## WELLNESS BENEFIT CLAIM FORM (Accident Insurance)

Policy or Certificate Number: <u>034242</u>			
<b>EMPLOYEE'S INFORMATION</b>			
Employee's Full Name (Last, First, Middle Initial)		Social Security Number	Employee's Date of Birth
Employee's Address	City	State, Zip Code	Telephone
Name of Employer: <u>Cedar Grove-Belgium School District</u>			
<b>PATIENT INFORMATION</b>			
First Name	Middle Initial	Last Name	
Relationship:		Date of Birth	
Primary Policyholder <input type="checkbox"/>		Sex:	
Spouse <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>WELLNESS EXAM</b>			
Some of the tests listed below may not be covered under the Wellness Benefit of your Policy. Please check your Policy for a list of covered wellness procedures.			
Wellness Exam Date: _____			
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Bone Marrow Testing	<input type="checkbox"/> Chest X-ray	
<input type="checkbox"/> Virtual Colonoscopy	<input type="checkbox"/> Breast Ultrasound	<input type="checkbox"/> Hemocult stool analysis	
<input type="checkbox"/> Stress Test on a bicycle or treadmill	<input type="checkbox"/> Mammography	<input type="checkbox"/> Pap Smear	
<input type="checkbox"/> Blood Test for Triglycerides	<input type="checkbox"/> CA 15-3 (blood test for breast cancer)	<input type="checkbox"/> PSA (blood test for prostate cancer)	
<input type="checkbox"/> Serum Cholesterol test for level of HDL and LDL	<input type="checkbox"/> CA125 (blood test for ovarian cancer)	<input type="checkbox"/> Serum Protein Electropheses (blood test for myeloma)	
<input type="checkbox"/> Thermography	<input type="checkbox"/> CEA (blood test for colon cancer)	<input type="checkbox"/> Flexible Sigmoidoscopy	
<input type="checkbox"/> Fasting blood glucose test			
<b>PHYSICIAN INFORMATION</b>			
Name:		Phone Number:	
Address:			
City:	State:	Zip	