Wellness Health Screening Benefit Claim Form

This claim form can be used to request reimbursement for your Wellness Health Screening Benefits under your Critical Illness, Accident, Hospital Indemnity or Supplemental Health plan. You can either have your physician complete and sign the information below or attach documentation from the provider indicating the date of service, and the service provided (description or CPT code).

Submission of the Health Screening benefit claim form is not a guarantee of payment. Plan requirements do vary and coverage will be based on your policy provisions. Additional information may be required. Some Critical Illness plans require services be provided more than 90 days after the effective date in order to be eligible for coverage. Supplemental Health Plans normally require services be provided more than 180 days after the effective date in order to be eligible for coverage. However, these limitations can vary per plan. Review your plan for more information on the specific information on the wellness/ health screening benefits and applicable claims waiting periods.

Any Person, who with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. (See State Specific Fraud Warning Statements on page 2)

The below Statements are true to the best of my knowledge and belief.

____ ____/____/____

Signature of Subscriber Date

Member Information:

Is the claim for the: ☐ Subscriber ☐ Dependent

Subscriber's Name ____________________ Policy No.____________

Mailing Address ____________________ Social Security No. ____________

City ____________ State ______ ZIP Code ______ Date of Birth ____/____/____

Daytime Phone number (_____) ____________

Would you like to receive a text or email when your claim is processed? Text (your carrier's standard messaging rates apply)

☐ Email

(If Text) Number to receive text (_____) __________Name of wireless carrier ____________

(If Yes) Email Address to recieve message: ____________________

Do you have medical coverage with Humana? ☐ Yes ☐ No If yes, Medical ID No. ____________

Claimant Name ____________________ Date of Birth ____/____/____

Provider Information:

Printed Name of Physician ____________________ Phone No. (_____) ____________

Street Address ____________________ Specialty ____________

City ____________________ State ____________ZIP Code____________

Signature of Physician ____________________ Date ____/____/____

Service Information:

Date services were rendered ____/____/____

Please check all services provided below: The claim must be completed and signed by your physician or include an itemized billing from your provider that includes the date of service and service(s) provided (CPT codes).

- ☐ Bone Marrow testing
- ☐ Chest X-ray
- ☐ Flexible Sigmoidoscopy
- ☐ Pap Smear
- ☐ Biopsy for Skin Cancer
- ☐ Lipid Panel
- Diabetes blood glucose test
- ☐ CA 15-3 (for Breast Cancer)
- ☐ CEA (Colon Cancer)
- ☐ PSA (Prostate Cancer)
- ☐ Stress Test (bike or treadmill)
- ☐ Blood test for Triglycerides
- ☐ Water Displacement Test
- Obesity Skin caliper
- ☐ CA-125 (Ovarian Cancer)
- ☐ Colonoscopy
- ☐ Mammography (including ultrasound)
- ☐ Serum Protein Electrophoresis
- ☐ Electrocardiogram (EKG)
- ☐ Oral Cancer Screening using ViziLite, OraTest or dental code D0431
- 3 Blood pressure readings in 14 days with health care practitioner attestation

Mail to: Humana
PO Box 13068
Green Bay, WI 54307-3068

Customer Service: 1-855-448-6982
Or Fax to: 1-502-405-7107
Email to: vbclaimssubmission@humana.com

State Specific Fraud Warning Statements

Humana:

Any Person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits and Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. We may notify all state and federal law enforcement agencies of any suspected Fraud, as determined by Us. We reserve the right to recover any payments made by Us that were made to You and/or any party on Your behalf, based on fraudulent or misrepresented information.

Alaska, Delaware, Idaho, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Tennessee, Texas, Virginia, Washington, West Virginia, Indiana:

Any Person who, with the intent to defraud or knowingly submits an application or claim containing a false or fraudulent statement may be subject to prosecution and punishment for insurance fraud.

Alabama:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas, Louisiana, Rhode Island:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arizona:

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California:

For your protection California law requires the following statement to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies

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State Specific Fraud Warning Statements

District of Columbia:
WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida:
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky, Pennsylvania:
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.

Kansas:
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Maryland:
Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey:
Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York:
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 fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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