



# 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.

Policyholder First Name:

Policy Number

Policyholder Last Name:

Policyholder Birth Date:

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ZIP of mailing address:

Patient First Name:

Middle Initial:

Patient Last Name:

Relationship to Policyholder:

 Primary Policyholder Spouse Dependent Child

Patient Sex:

 Male Female

Patient Birth Date:

M M D D Y Y Y Y

Wellness Exam Treatment Date:

M M D D Y Y Y Y

Colonoscopy

Virtual colonoscopy

Flexible sigmoidoscopy

Pap smear - ThinPrep

Pap smear

Breast MRI

Testicular Ultrasound

Hemocult stool specimen

CEA (blood test for colon cancer)

CA 125 (blood test for ovarian cancer)

Mammogram

Chest X-Ray

CA153

Thermography

PSA (blood test for prostate cancer)

Breast ultrasound/Breast sonogram

Biopsy

Pap Smear Date:

M M D D Y Y Y Y

Mammogram Date:

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Provide actual cost for Mammogram:

## Doctor or Medical Facility Name and Address.

**Must be completed in its entirety.**

Name:

Phone Number:

Street Address:

City:

State:

ZIP:

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.

I certify that the information provided is true and correct:

Policyholder Signature

Printed Name

Date

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