



Administrated by Universal Fidelity Life Insurance Company  
PO BOX 1604, Duncan, Oklahoma, 73534-1604  
Toll Free: (800) 366-8354

## Annual Cancer Screening Benefit Claim Submission

**Fax to:** (580) 255-0951

Number of Pages Including Cover: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS

**PLEASE ATTACH A COPY OF THE DOCTOR'S BILL SHOWING THE SERVICE PERFORMED, DATE OF SERVICE, AND AMOUNT CHARGED FOR THE CANCER SCREENING PERFORMED.**

Policy Number: \_\_\_\_\_ Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient is:  Male  Female  Student

Patient is:  Primary Insured  Spouse  Child  Other \_\_\_\_\_

Name and address of primary insured: \_\_\_\_\_

Notes or Comments: \_\_\_\_\_

**General Fraud Warning: Any person who knowingly presents a 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.**

I further certify that I have read and understand the above Fraud Warning Statement.

Signature of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_