WELLFLEET
WORKPLACE

HEALTH SCREENING BENEFIT CLAIM FORM

Submitting your claim

Submit your claim the way you like. Mail, phone, email or fax your claim to:

Wellfleet Insurance Company
P.O. Box 15769
Springfield, MA 01115
Phone : 1-855-664-5838
Email : workplaceclaims@wellfleetinsurance.com
Fax : 413-452-5486

Questions?

If you have any questions regarding available benefits or how to file your claim, or if you would like to appeal a determination, please contact our **Customer Care Team** at:

- workplaceclaims@wellfleetinsurance.com
- 1-855-664-5838, 8:30 a.m. - 5:00 p.m. EST

Instructions for requesting available benefits

- Complete all fields in the form.
- Review the "Health Screening Examples" list, which outlines the benefits available under the Health Screening Benefit in your Certificate and/or the Optional Health Screening Rider (if purchased).
- Check the screenings you believe apply.
- Health screenings and exams are per calendar year. Your policy allows a maximum number of covered procedures.
- Attach the applicable documentation that shows the: provider, patient's name, date of the test(s) and exam performed. If a test is not listed, please indicate the name of the test in the "other" space.
- You will be notified if additional information is needed.

CERTIFICATE HOLDER/CLAIMANT INFORMATION

The furnishing of this form, or its acceptance by the Company as proof, must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

Certificate number(s):_____
Certificate holder: First Name: _____ MI: ____ Last Name: _____
Social Security Number: _____ Date of Birth: _____ ☐ Male ☐ Female
Mailing Address: _____ Apt#: _____
City: _____ State: _____ Zip: _____ ☐ Check here if address is new
Phone # : _____ E-mail : _____
Preferred communication with Wellfleet: ☐ Email ☐ Mail
Claimant (if different): First Name: _____Middle: _____ Last: _____
Date of Birth: _____ Age: _____ ☐ Male ☐ Female
Relation to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other _____

Health Screening Examples

- ☐ Abdominal aortic aneurysm ultrasound
- ☐ Bone marrow testing
- ☐ Breast ultrasound
- ☐ CA 125 (blood test for ovarian cancer)
- ☐ CEA (blood test for colon cancer)
- ☐ Colonoscopy
- ☐ EKG
- ☐ Fasting blood glucose test
- ☐ Hemoccult stool analysis
- ☐ Pap smear
- ☐ Serum cholesterol HDL/LDL
- ☐ Stress test
- ☐ Other: Please specify: _____
- ☐ Blood test for triglycerides
- ☐ Bone density screening
- ☐ CA 15-3 (blood test for breast cancer)
- ☐ Carotid ultrasound
- ☐ Chest x-ray
- ☐ CT Angiography
- ☐ Double contrast barium enema
- ☐ Flexible sigmoidoscopy
- ☐ Mammography
- ☐ PSA (blood test for prostate cancer)
- ☐ Serum protein electrophoresis (blood test for myeloma)
- ☐Thermography

If no bill is provided with claim submission, please complete the fields below.
Note: We reserve the right to audit that the test was performed.

Provider Performing Test: _____Date of Test: _____
Provider Address: _____
Provider Phone Number: _____

Employer-sponsored Wellness initiatives (if offered with your Health Screening Benefit)

- ☐ Biometric screening
- ☐ Smoking cessation program
- ☐ Health survey
- ☐ Health and/or nutrition coaching program
- ☐ Physical activity challenge or program
- ☐ Emotional and/or stress reduction program
- ☐ Disease Management Program
- ☐ Flu immunization appointment

CERTIFICATION

Please read and sign below.

I acknowledge the receipt of the Department of Insurance Claim Fraud Statements provided with this claim packet. I have read the notices and am aware that it is a crime to fill out this form with facts I know are false or leave out facts I know are relevant and important. I certify that the answers given on this claim form are true, complete and correctly recorded.

Please also remember to sign and date the attached authorization required to process your claim.

Signature: _____ Print Name:_____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

Please read and sign below.

I authorize any: physician, hospital, company, employer or organization; to release the medical history, treatments or benefits payable for this claim to Wellfleet or to persons or other organizations providing claims management services. A photocopy of this form shall be just as valid as the original.

Signature: _____ Print Name:_____ Date: _____

FRAUD NOTICES

For residents of all states, other than those listed below. 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.

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.
Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.
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 to appear on this form: 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.
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.
Delaware Idaho, Indiana & Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
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 application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
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 Mexico: 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 civil fines and criminal 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 a 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.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

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.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee, Virginia & Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: 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.