

# VB Cancer Claim Form



The offering Company(ies) listed below, severally or collectively, as the content may require, are referred to in this authorization as "We" or "ManhattanLife"

Life, Specified Disease/Critical Illness, Hospital Indemnity, and Accident Insurance products insured by ManhattanLife Insurance Company.

## Insured Statement

### Section I – General Information:

Is the claim for the:            Policyholder            Dependent

Policyholder's Name \_\_\_\_\_ Policy No. \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_ Mailing \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Daytime Telephone No. (\_\_\_\_) \_\_\_\_\_

Claimant Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Travel Expenses\*

Please check the type of travel benefits you are claiming for:

Meals            Use of Personal Vehicle            Lodging            Expenses for Common Carrier Transportation

Please check who accompanied you for your cancer treatment:

Attended Alone            Spouse or Friend            Child            Multiple Adults and Children

\*Benefit may not be available for all plans. Please refer to your Policy Certificate for specific benefits.

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 5 and 6)

***The above statements are true to the best of my knowledge and belief.***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Policyholder            Date



- Sign and date the authorization on page 3 and include when returning the claim form.
- A copy of the pathology report with a definitive cancer diagnosis is required.
- Your policy may also require UB04 and/or HCFA 1500 forms to be submitted, please consult your policy certificate for details

Mail to:  
ManhattanLife VB  
Claims  
PO Box 926169  
Houston, TX 77092

Customer Service: 1-855-448-6982  
Or Fax to: 1-502-405-7107  
Email to: [vbclaimssubmissions@manhattanlife.com](mailto:vbclaimssubmissions@manhattanlife.com)

Section II – Physician Information:

**Attending (Treating) physicians:**

Physician's Name	Address	Phone Number

Has the claimant ever been treated for the same or a similar condition in the past?      Yes      No

If yes, please provide the prior physician(s) information:

Physician's Name	Address	Phone Number

**If the claim is being filed for services within the first 2 years following the policy effective date, complete the physician and medication information below:**

**Physician information:**

List all physicians that treated the patient in the five years prior to the policy effective date:

Physician's Name	Address	Phone Number	Reason for Visit

**Medication information:**

List all medication being taken by the patient:

Medication	Prescribing Physician	Date Prescribed



## Cash Cancer Claim Form – Attending (Treating) Physician Statement

### Section I – Patient Information:

Patient's Name \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Street Address \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### Section II – Treatment Information:

Diagnosis or Condition for this patient \_\_\_\_\_ ICD'9/ICD'10 Code \_\_\_\_\_

Date the symptoms first appeared: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of the first visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of the definitive diagnosis of Cancer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Has this patient been treated for this same or a similar condition prior to this occurrence? Yes No

If yes, list the date(s) of prior treatment: \_\_\_\_\_

Was this patient referred to you?  Yes  No

If yes, please provide the referring physician information:

Referring Physician Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Referring Physician Address \_\_\_\_\_

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 pages 5-6)

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

Printed Name of Physician \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Specialty \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



- A copy of the pathology report is required to review for Cash Cancer benefits.
- Your policy may also require UB04 and/or HCFA 1500 forms to be submitted, please consult your policy certificate for details

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 ManhattanLife VB  
 Claims  
 PO Box 926169  
 Houston, TX 77092

Customer Service: 1-855-448-6982  
 Or Fax to: 1-502-405-7107  
 Email to: [vbclaimssubmissions@manhattanlife.com](mailto:vbclaimssubmissions@manhattanlife.com)

## State Specific Fraud Warning Statements

### **ManhattanLife:**

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, Indiana, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Tennessee, Texas, Washington, West Virginia:**

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

### **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.

## State Specific Fraud Warning Statements

### **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.

### **Virginia:**

Any person who, with the 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 may have violated the state law.