



## Wellness Claim Form

Phone: 800-256-8606  
Fax: 877-365-9423  
[www.ampublic.com](http://www.ampublic.com)

### Instructions

- Primary Insured or Patient to complete Sections A through F.
- Your signature at the bottom of this page is required for benefit consideration.

STATEMENT OF PRIMARY INSURED				
Section A - About the Primary Insured				
First Name	MI	Last Name	Suffix	
Date of Birth	Social Security Number	Policy Number(s)		
Address		City	State	Zip Code
Home Phone Number	Cell Phone Number	E-mail Address		
Employer/Plan Sponsor Name				

Section B – About the Patient			
First Name	MI	Last Name	Suffix
Date of Birth	Social Security Number	Policy Number(s)	

Section C - REQUIRED Acknowledgement - Your signature is required for benefit consideration			
I hereby certify the answers I have made to the questions provided on this form are both complete and true to the best of my knowledge and belief. I acknowledge I have read the fraud notice in <b>Section F</b> of this form.			
Signature of Primary Insured/Beneficiary		Date Signed	



## Wellness Claim Form

Phone: 800-256-8606  
Fax: 877-365-9423  
[www.ampublic.com](http://www.ampublic.com)

**Section D – REQUIRED Benefits Claimed**

**Diagnostic Imaging Studies** Refer to your Policy/Certificate for benefits covered under your plan.

Select which test(s) or health exam(s) were performed:

Test Performed	Date of Service	Test Performed	Date of Service
abdominal aortic aneurysm ultrasonography		echocardiogram	
bone density screening		electrocardiogram	
breast ultrasound		Epworth Sleepiness Scale	
carotid doppler		flexible sigmoidoscopy	
chest X-ray		magnetic resonance imaging (MRI)	
colonoscopy		mammogram	
computerized axial tomography (CAT scan)		neuroimaging study	
computerized tomography scan (CT scan)		positron emission tomography (PET scan)	
CT angiography		stress test	
digital infrared thermal imaging of breast		testicular ultrasound	
doppler ultrasound		thermography	
double contrast barium enema			

**Pathology/Laboratory Services** Refer to your Policy/Certificate for benefits covered under your plan.

Test Performed	Date of Service	Test Performed	Date of Service
biopsy for cancer		fasting blood glucose test	
bone marrow aspiration		hemocult stool analysis	
bone marrow biopsy		hemoglobin A1c	
BRCA genetic test		lymphocyte genome sensitivity (LGS) test	
CA 125 blood test for ovarian cancer		metabolic lipid panel	
CA 15-3 blood test for breast cancer		pap smear (including ThinPrep)	
CA 19-9 blood test for pancreatic cancer		PSA Test	
CEA blood test for colon cancer		serum protein electrophoresis	

**Exams** Refer to your Policy/Certificate for benefits covered under your plan.

Test Performed	Date of Service	Test Performed	Date of Service
baseline testing for concussions		skin cancer screening	
routine dental exam		smoking cessation program	
routine physical		weight reduction program	
routine vision exam			

<p><b>Other Wellness Test(s)</b>  Refer to your Policy/Certificate for benefits covered under your plan.</p>	<p><b>Genetic Testing</b>  Refer to your Policy/Certificate for benefits covered under your plan.</p>
--	---

Test Performed	Date of Service	Test Performed	Date of Service
Description of other Wellness Test		Description of Genetic Test	
Description of other Wellness Test		Description of Genetic Test	
Description of other Wellness Test		Description of Genetic Test	

**Vaccines for prevention of a Critical Illness** Refer to your Policy/Certificate for benefits covered under your plan.

Test Performed	Date of Service	Test Performed	Date of Service
Description of Vaccine		Description of Vaccine	
Description of Vaccine		Description of Vaccine	

**Section E - About your Medical Provider** **REQUIRED**

Physician's Name	Physician's Contact Number
------------------	----------------------------



## Wellness Claim Form

Phone: 800-256-8606  
Fax: 877-365-9423  
[www.ampublic.com](http://www.ampublic.com)

<b>Section F – Claim Form Fraud Statements</b>
The following fraud language is attached to, and made part of, this claim form. <b>Please read and do not remove this page from this claim form.</b>

If you live in a jurisdiction not mentioned below, the following applies to you: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit 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.

**Arkansas, District of Columbia, Louisiana, Rhode Island and West Virginia** - 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.

**California and Texas** - For your protection California and Texas law requires the following 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.

**Delaware, Idaho and Oklahoma** - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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.

**Indiana** - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**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, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

**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.

**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.

**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.

**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 by 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 [be] 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.