

FAST TRACK

CANCER CLAIM FAQ'S

Q. How long does it take to process my claim?

A. Please allow 30 days for your claim to be processed.

Q. How do I submit a claim for my annual cancer screening?

A. GREAT NEWS!! No claim form is needed when filing for your annual Wellness or Outpatient Diagnostic benefit. Just submit a copy of the test results or a bill showing which test was performed and mail to PO Box 9006, Phoenix, AZ 85068-9006.

Q. I've been diagnosed with cancer. What documents do I need to provide to file a claim?

A. A completed claim form which includes patient authorization, pathology report, and itemized bills.

Q. Where can I find my Policy Number?

A. You can find this on your Schedule of Benefits in your policy material. It starts with "MZ".

Q. Where can I find my Certificate Number?

A. You can find this on your Schedule of Benefits in your policy material.

Q. What if my services were performed at a Veterans Administration Hospital?

A. In place of itemized bills, please submit the admission/discharge paperwork and the daily progress notes. You can request these through the Department of Medical Information at your VA facility.

Q. What is an itemized bill?

A. An itemized bill includes:

- the dates of service
- description of the services provided
- the charged amount
- the diagnosis for the treatment provided
- the medical coding associated with treatment

Q. How do I get my itemized bill from my doctor or hospital?

A. This can be requested from your doctor's office or from the hospital billing department.

Q. How do I get my surgeon's or anesthesiologist's itemized bills?

A. The surgeon's or anesthesiologist's bill comes directly from the doctor who performed the surgery or anesthesia procedure, not the hospital.

Q. What if my cancer treatment is within the first 12 months of my coverage?

A. If your dates of service are within the first 12 months of coverage, please provide the name and address of your primary care physician who treated you in the year prior to your effective date. Claims for services which occur during the first year of coverage may be subject to a review for pre-existing conditions. This may require that we contact your primary care physician to obtain medical records.

Q. How do I know what benefits I have and what services are covered?

A. While individual coverage options can vary by member, please refer to your certificate for more information. If you have any questions about your certificate and covered benefits and services, please contact a Customer Service representative and we will be happy to assist you.

Q. Where do I mail my claim to?

A. <u>Wellness Claims:</u>	<u>Claim Forms:</u>
Wellness Claims	Claims Department
PO Box 9006	PO Box 9060
Phoenix, AZ 85068-9006	Phoenix, AZ 85068-9060