BANKERS LIFE AND CASUALTY COMPANY

POLICY BENEFITS DEPARTMENT
P.O. BOX 1935
CARMEL, IN 46082
1-800-621-3724

PLEASE FILL OUT THIS FORM. TO GET FAST CLAIM SERVICE BE SURE:

- □ 1. All policy/certificate numbers are listed.
- □ 2. All questions are answered.
- □ 3. Patient signs.

CHECK ALL 3 POINTS AND ATTACH THIS FORM TO THE MEDICARE STATEMENT WHICH COULD BE AN MSN (MEDICARE SUMMARY NOTICE) OR EOMB (EXPLANATION OF MEDICARE BENEFITS) FORM(S) FOR PART B EXPENSE. (THESE ARE THE RECORDS OF PAYMENT THAT YOU RECEIVE WHEN MEDICARE PAYS ITS PART OF YOUR MEDICAL EXPENSE.)

THEN MAIL THIS FORM AND THE MEDICARE STATEMENTS TO THE ADDRESS SHOWN ABOVE.

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY INSURED/PATIENT.

1. LIST ALL BANKERS POLICY/CERTIFICATE NUMBERS: **NUMBER:** **NUMBER:** **NUMBER:**
2. PATIENT'S NAME:
3. ADDRESS: Street _____ City _____ State ____ Zip _____ IF ADDRESS IS NEW PLEASE CHECK BOX □
4. SOCIAL SECURITY NUMBER:
5. MEDICARE ID NUMBER:
6. PATIENT'S BIRTH DATE:
7. PATIENT'S TELEPHONE NUMBER:
8. CONTACT PERSON (if other than insured):
9. RELATIONSHIP OF CONTACT PERSON TO INSURED:
10. CONTACT PERSON'S TELEPHONE NUMBER:

For your protection, California law requires the following warning 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.

PLEASE SIGN HERE:

SIGNATURE: _____ **DATE:** _____