



PHILADELPHIA  
AMERICAN  
LIFE INSURANCE COMPANY

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## ***Claims Filing Instructions-Critical Illness***

***Following these instructions will avoid unnecessary delays in claim processing***

***Please provide the following:***

- *Complete the attached Supplemental Health Claim Form. For type of coverage check Critical Illness. Please also complete and sign the attached Authorization.*
- *If you are filing for Cancer: Provide a copy of the pathology report indicating the diagnosis of cancer.*
- *If you are filing for Heart Attack: We will need medical records from the hospital where you were treated for the heart attack.*
- *If you are filing for Stroke: We will need medical records from the hospital where you were treated for stroke and copies of the reports from the neurologist.*
- *If you are filing for Coronary Artery Bypass Surgery, Angioplasty or Pacemaker Implant: We will need either a copy of the operative report or an itemized statement from the surgeon who performed the surgery.*
- *If you are filing for End Stage Renal Failure: We will need a statement from the attending physician providing your diagnosis or copies of the medical records.*
- *If filing for Organ Transplant (heart, lung, liver, pancreas or kidney): We will need either a copy of the operative report or an itemized statement from the surgeon who performed the surgery.*

*If you have any questions please call our Customer Service Department at 800-552-7879 extension 1331.*

*Completed Claim Forms and documentation can be mailed or faxed to our offices.*

***Philadelphia American Life Insurance Company***

***Attention: Claim Department***

***PO Box 4884***

***Houston, TX 77210-4884***

***Fax: 281-368-7382***

***Email: [claimsdepartment@neweralife.com](mailto:claimsdepartment@neweralife.com)***