



PHILADELPHIA
AMERICAN
LIFE INSURANCE COMPANY



Claims Filing Instructions-Cancer Policy

Following these instructions will avoid unnecessary delays in claim processing

Please provide the following:

- *Complete the attached Supplemental Health Claim Form in full*
- *Sign and date the attached authorization form*
- *A copy of the pathology report indicating the diagnosis of cancer*
- *Copies of any itemized statements you have received from all healthcare providers. The statements must show the provider's name, dates of service, amount charged, diagnosis and procedure codes and the service performed.*
- *If you have a Cancer Plus plan we will also need a copy of your primary carrier Explanation of Benefits. (Policy number beginning with 6085).*

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.

Attention: Claim Department

PO Box 4884

Houston, TX 77210-4884

Fax: 281-368-7382

Email: claimsdepartment@neweralife.com