

## CANCER ELITE - DOCUMENTS REQUIRED FOR CLAIM EVALUATION

**Instructions:**

All claims must be submitted with the corresponding Claims Form, duly completed and signed.

Claims for dependent children over 19 years of age must submit a Student Certification with the amount of credits they are studying at the time of incurrence.

Benefit	Documents
<input type="checkbox"/> First positive cancer diagnosis	<input type="checkbox"/> Pathology report confirming cancer condition, or instead <input type="checkbox"/> Oncologist certification.
<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Discharge Summary or instead; <input type="checkbox"/> Invoice with dates of hospitalization and diagnosis. *In hospitalizations longer than 6 days, a copy of the hospitalization medical record must be included, which includes the consultation notes.
<input type="checkbox"/> Intensive care	<input type="checkbox"/> Certification from the hospital including the specific dates and times of admission and discharge. * It must indicate the type of unit.
<input type="checkbox"/> Blood or Plasma	<input type="checkbox"/> Certification from the blood bank indicating the number of units of blood or plasma administered and how many were replaced by donors, or instead; <input type="checkbox"/> Medical plan breakdown with blood or plasma charges.
<input type="checkbox"/> Medical visits	<input type="checkbox"/> Itemized bill from a physician other than the attending surgeon.
<input type="checkbox"/> Private Nurse in Hospital	<input type="checkbox"/> Recommendation of the specialist doctor in charge of the treatment. <input type="checkbox"/> Itemized nurse bill including: name, license number (nurse) and number of hours of service provided per day.
<input type="checkbox"/> Private Home Nurse	<input type="checkbox"/> Recommendation of the specialist doctor in charge of the treatment. <input type="checkbox"/> Itemized nurse bill including: name, license number (nurse) and number of hours of service provided per day.
<input type="checkbox"/> Convalescent Home	<input type="checkbox"/> Recommendation from the general practitioner <input type="checkbox"/> Discharge Summary or instead; <input type="checkbox"/> Certification or invoice specifying the number of days of hospitalization
<input type="checkbox"/> Terminal Cancer at Home	<input type="checkbox"/> Evidence of a terminal cancer diagnosis with a life expectancy of six (6) months or less, certified by your family doctor or specialist doctor.
<input type="checkbox"/> Surgery	<input type="checkbox"/> Operative report, or instead; <input type="checkbox"/> Section 3: Medical Report of the Claim for Illness form or <input type="checkbox"/> Health Insurance Claim Form (Form 1500)
<input type="checkbox"/> Surgery, Second Opinion	<input type="checkbox"/> Evaluation sheet evidencing a second medical opinion related to surgery. <input type="checkbox"/> Please include a copy of the first medical opinion.
<input type="checkbox"/> Skin Cancer Extirpations	<input type="checkbox"/> Pathology report. <input type="checkbox"/> Operation report or procedure notes for skin cancer removal.
<input type="checkbox"/> Radiotherapy, Cobalt, Radio-Active Isotopes or Chemotherapy	<input type="checkbox"/> Itemized invoice of the treatment received, specifying name, code or description, date of administration and cost.
<input type="checkbox"/> Experimental Therapy	<input type="checkbox"/> Itemized bill for the experimental therapy treatment approved by the Food and Drug Administration (FDA) and National Cancer Institute (NCI)
<input type="checkbox"/> Follow-up Studies - X-rays, Computed Tomography (CT Scan) and Magnetic Resonance (MRI)	<input type="checkbox"/> Itemized invoice of the studies carried out specifying code or description, date of administration, and cost.
<input type="checkbox"/> Good Health Maintenance	<input type="checkbox"/> Results of the study carried out.
<input type="checkbox"/> Breast prosthesis	<input type="checkbox"/> Operative report of breast prosthesis implantation.
<input type="checkbox"/> Breast Reconstruction	<input type="checkbox"/> Operative report of breast reconstruction.

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<input type="checkbox"/> External prosthesis	<input type="checkbox"/> Invoice for the external prosthesis (Brassiere or bra).
<input type="checkbox"/> Other Prosthetics	<input type="checkbox"/> Operative report of the implantation of the prosthesis.
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Itemized bill for ground ambulance services for transportation to and from the hospital where you are admitted for the condition of Cancer or Pernicious Disease.
<input type="checkbox"/> Air Transportation and Lodging for Adult Companion	<input type="checkbox"/> Invoice of expenses incurred in tickets. <input type="checkbox"/> Itemized bill for lodging.
<input type="checkbox"/> Air transportation	<input type="checkbox"/> Recommendation from the specialist physician for treatment that cannot be obtained locally. <input type="checkbox"/> Invoice for expenses incurred in tickets.
<input type="checkbox"/> Waiver of Premium	<input type="checkbox"/> Medical certificate from the specialist doctor for the period of disability. <input type="checkbox"/> Section 4: Employer's Declaration of the Claim for Illness Form
<input type="checkbox"/> Funeral Services	<input type="checkbox"/> Original Death Certificate with cause of death. <input type="checkbox"/> Copy of the itemized contract from the funeral home.
<input type="checkbox"/> Post-Mortem Diagnostic Benefit	<input type="checkbox"/> Autopsy report where the diagnosis is confirmed. <input type="checkbox"/> Breakdown of medical services received 45 days prior to death, with description, date, and costs.