Más que un seguro
TOLIC
Trans-Oceanic Life Insurance Company

E-mail: reclamaciones@tolic.com
Phone Number: (787) 620-2700 / Fax: (787) 620-2713

GPO Box 363467, San Juan, PR 00936-3467
121 Calle O'Neill, San Juan, PR 00918-2404

CANCER UNICA - 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
☐ First and Second positive diagnosis of cancer	☐ Pathology report confirming cancer condition. ☐ Oncologist certification.
☐ Diagnosis of Pernicious Diseases	☐ Evidence of confirmation of diagnosis of any of the Pernicious Diseases covered. ☐ Invoice for the tests performed to confirm the diagnosis.
☐ Hospitalization	☐ Discharge Summary or instead; ☐ 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.
☐ Intensive care	☐ Certification from the hospital including the specific dates and times of admission and discharge. * It must indicate the type of unit.
☐ Blood or Plasma	☐ Certification from the blood bank indicating the number of units of blood or plasma administered and how many were replaced by donors, or instead; ☐ Medical plan breakdown with blood or plasma charges.
☐ Evaluation or Consultation in a Center (NCI)	☐ Consultation sheets indicating treatment to follow. *If the center is outside of P.R. you must submit evidence of expenses incurred for transportation and lodging.
☐ Side Effects Medicine	☐ Itemized bill for nausea medications including date, name of medication and cost of the medication.
☐ Medical visits	☐ Itemized bill from physician other than the attending surgeon.
☐ Private Nurse in Hospital	☐ Recommendation of the specialist doctor in charge of the treatment. ☐ Itemized bill from the nurse or housekeeper including: name, license number (nurse) and number of hours of service provided per day.
☐ Private Nurse or Housekeeper in the Home	☐ Recommendation of the specialist doctor in charge of the treatment. ☐ Itemized bill from the nurse or housekeeper including: name, license number (nurse) and number of hours of service provided per day.
☐ Convalescent Home	☐ Recommendation from the general practicioner. ☐ Discharge Summary or instead; ☐ Certification or invoice specifying the number of days of hospitalization.
☐ Terminal Cancer at Home	☐ Evidence of a terminal cancer diagnosis with a life expectancy of six (6) months or less, certified by your family doctor or specialist doctor.
☐ Surgery	☐ Operative report, or instead; ☐ Section 3: Medical Report of the Claim for Illness form or ☐ Health Insurance Claim Form (Form 1500)
☐ Surgery, Second and Third Opinion	☐ Evaluation sheet evidencing a second or third medical opinion related to surgery. (Please include a copy of the first medical opinion.)
☐ Skin Cancer Extirpations	☐ Pathology report. ☐ Operation report or procedure notes for skin cancer removal.
☐ Ambulatory surgery	☐ Itemized bill from the outpatient surgery center.
☐ Radiotherapy, Cobalt, Radio-Active Isotopes or Chemotherapy	☐ Itemized invoice of the treatment received, specifying name, code or description, date of administration and cost.

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Benefit	Documents
☐ Experimental Therapy	☐ Itemized bill for the experimental therapy treatment approved by the Food and Drug Administration (FDA) and National Cancer Institute (NCI).
☐ Hormone therapy	☐ Itemized bill of the drug that specifies name or code, date of administration and cost.
☐ Follow-up Studies - X-rays, Computed Tomography (CT Scan) and Magnetic Resonance (MRI)	☐ Itemized invoice of the studies carried out specifying code or description, date of administration, and cost.
☐ Pain Management Therapies and Psychological Therapies	☐ Recommendation from the specialist doctor. ☐ Itemized bill of therapies received. ☐ Certification of the therapist that accredits him as such in each of the covered therapies.
☐ Good Health Maintenance	☐ Results of the studies.
☐ Disposable Diaper Expenses	☐ Certification of the family doctor or specialist doctor, recommending the use of diapers. ☐ Invoice for the purchase of diapers.
☐ Breast prosthesis	☐ Operative report of breast prosthesis implantation.
☐ Breast Reconstruction	☐ Operative report of breast reconstruction.
☐ External prosthesis	☐ Invoice for the external prosthesis (Brassiere or bra).
☐ Other Prosthetics	☐ Operative report of the implantation of the prosthesis.
☐ Ambulance	☐ 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.
☐ Local Accommodation for an Adult Companion	☐ Copy of the referral for medical treatment in a hospital center. (25 miles from the hospital). ☐ Itemized bill for lodging.
☐ Air transportation	☐ Recommendation from the specialist physician for treatment that cannot be obtained locally. ☐ Invoice for expenses incurred in tickets.
☐ Waiver of Premium	☐ Medical certificate from the specialist doctor for the period of disability. ☐ Section 4: Employer's Declaration of the Claim for Illness Form.
☐ Funeral Services	☐ Original Death Certificate with cause of death. ☐ Copy of the itemized contract from the funeral home.
☐ Post-Mortem Diagnostic Benefit	☐ Autopsy report where the diagnosis is confirmed. ☐ Breakdown of medical services received 45 days prior to death, with description, date, and costs.
☐ Repatriation Expenses	☐ Invoice for the transfer services of the remains to Puerto Rico.