



**National Security
Insurance Company**

661 East Davis Street, Elba, AL 36323 1-800-798-2317 or 334-897-2273 Fax: 1-800-693-7507

**CANCER CLAIM FORM
INSTRUCTIONS**

1. The insured should complete and sign the Claimant's Statement.
2. The Attending Physician's Statement should be completed and signed by the treating physician.
3. Attach itemized bills for qualifying physician or hospital charges.
4. **Claims must include a copy of the pathology report unless previously submitted.**
5. Claim form can be mailed to: P O Box 703, Elba AL 36323 or faxed to 800-693-7507.

CLAIMANT'S STATEMENT

Patient's Name:		Date of Birth:
Mailing Address:		Policy Number:
Describe the nature of your illness:		
Date of your first symptoms?	Date of your first treatment for this condition?	
Name and Address of attending physician:		
Date:	Claimant's Signature:	

ATTENDING PHYSICIAN'S STATEMENT

Diagnosis:			
Date you were first consulted for this condition:		Date of last treatment?	
Surgical procedure performed:	Date:	Charge: \$	
Non-surgical treatment rendered:	Date:	Charge: \$	
Criteria used to base diagnosis:	Has the patient previously been treated for this or a similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when was treatment and what condition was treated:			
Mailing Address:		City	State Zip Code
Date:	Physician's Signature:		
Treatment Facility:		Tax ID Number:	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.