



Transamerica Life Insurance Company  
Transamerica Premier Life Insurance Company  
P.O. Box 869097 Plano, TX 75086-9097  
Claims fax: 866-586-6528  
Claims email: TEBclaimsscanning@transamerica.com  
Claims customer service: 800-251-7254

## CANCER OR SPECIFIED DISEASE POLICY Instructions and Check-List for Submitting a Claim

**Claims Customer Service: 800-251-7254 (7:00 a.m. – 6:00 p.m. Monday-Thursday and 7:00 a.m. – 5:00 p.m. Friday)**

To help us process your claim as quickly as possible, you must provide us with all the necessary information. Below is a check-list of the items we need to begin reviewing your claim. While these items are typically all that is needed, we may request additional information to process your claim.

### **For an Initial Claim Submission:**

- Pathology Report from your Doctor, if your claim is for cancer
- Attending Physician's Statement for your Doctor to complete (page 2 of 4 in enclosed Claim Package)

### **The following documents that you need to complete:**

- Claimant's Statement (page 1 of 4)
- Required Fraud Warning Statements (page 3 of 4)
- Authorization for the Release of Health Information (page 4 of 4)

Please be sure that you provide all information requested on these documents completely and accurately, and sign and date each document.

### **For an Initial Claim Submission and All Subsequent Claim Submissions:**

- **The following information from your Doctor/Medical Provider/Hospital:**
  - Itemized Statements reflecting the procedures or treatments from the Doctor or medical provider (preferably on the Form CMS-1500) or the hospital. The itemized statement should include the following:
    - For chemotherapy and prescription drugs:
      - Description of drugs used
      - Procedure codes
      - Number of units of each drug
    - For radiation therapy:
      - Description of procedures performed
      - Procedure codes
      - Number of units of each treatment
- **If your procedure or treatment was also covered by Medicare, Medicaid or any other insurance, please provide:**
  - Information showing actual charges of your treatment such as a copy of all Summary Notices from Medicare or Medicaid or Explanation of Benefits from your other insurance.
  - Statements from your Doctor/Medical Provider/Hospital showing payments or adjustments from Medicare, Medicaid or your other insurance.