



**Aetna Senior Supplemental  
Insurance**  
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Lexington, KY 40512-4862

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## CLAIMS SUBMISSION REQUIREMENTS INSTRUCTIONS FOR FILING A CANCER, HEART ATTACK, OR STROKE CLAIM

### **Cancer Benefit- Required documents that you or responsible party must submit from provider of service:**

- 1) A pathology report with diagnosis. If a pathological diagnosis cannot be made, we will accept a clinical diagnosis.
- 2) If patient is deceased, death certificate with diagnosis.
- 3) Completed Cancer claim form.

### **Heart Attack Benefit- Required documents from provider of service**

- 1) If medical diagnosis of a Heart Attack is made while the Insured Person is alive, it must be made with office notes and testing results by a legally qualified Physician board certified as a Cardiologist and the Diagnosis must be based on both:
  - New clinical presentation and electrocardiographic changes consistent with a Heart Attack; and
  - Serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Heart Attack
- 2) If the Diagnosis is made after the Insured Person is deceased and the above requirements cannot be met, then other medically recognized methods may be used to determine a Diagnosis of a Heart Attack.
- 3) Completed Heart Attack claim form.

### **Stroke Benefit- Required documents from provider of service**

- 1) A Diagnosis of a Stroke must be made by a legally qualified Physician, who is board certified as a neurologist, and be made while the Insured Person is alive.
- 2) Completed Stroke claim form.
  - Only one Heart Attack or Stroke Benefit Amount will be paid per Insured Person's Loss under this Policy. Upon payment of the Benefit Amount, coverage for the Heart Attack or Stroke benefit will terminate for that Insured Person.

### **Optional ICU rider- Required documents from provider of service:**

- 1) A UB04 Form (standardized hospital form) or an itemized statement with diagnosis showing a hospital intensive care unit confinement. For VA Hospital- we will accept a UB04 Form or discharge summaries from the hospital.

**NOTE:** A claim for services must be submitted for claims reimbursement. Always include the policy number on submitted claims. Please sign and return the information release form as we may need to request additional information. **To submit a claim:** The mailing address is PO Box 14862 Lexington, KY 40512 ATTN: A&H CLAIMS, or fax to 855-829-4026.

Aetna Senior Supplemental Insurance includes: all products underwritten by American Continental Insurance Company (ACI) and Continental Life Insurance Company of Brentwood, Tennessee (CLI), both Aetna companies; Medicare Supplement underwritten by Aetna Health and Life Insurance Company (AHLIC), Aetna Health Insurance Company (AHIC), Aetna Life Insurance Company (ALIC), Coventry Health and Life Insurance Company (CHL) and First Health Life & Health Insurance Company (FHL).