



FILING A CANCER CLAIM

American Public Life's staff of professional claims personnel are dedicated to providing the highest level of customer care. Your satisfaction is important to us, and we welcome the opportunity to provide you with excellent service. Please feel free to contact us with any questions at [800-256-8606](tel:800-256-8606)

- The Cancer Claim Form and additional instructions can be found on the American Public Life website at <https://www.ampublic.com/claims-forms/#/>
- Complete the section entitled "Claimant's Statement." Be sure to date and sign the blanks provided at the bottom of the form. Your Social Security Number can be substituted for your Policy ID.
- Complete the Authorization to Use or Disclose Protected Health Information (the last page of the claim form)
- A pathology report diagnosing cancer must accompany the first claim for that diagnosis of cancer. (The hospital or doctor will furnish this report at the patient's request.) If the diagnosis of cancer was made by clinical information instead of pathological means, the clinical evidence that established the diagnosis of cancer must be submitted.
- Submit completely itemized bills for hospitalizations, surgery, anesthesia, chemotherapy and radiation therapy, etc., along with Explanations of Benefits from major medical carriers when your policy contains benefits which state that the actual charges will be paid for the medical services.
- If you prefer benefits directly deposited into your checking account, please download the **Direct Deposit Form** <https://www.ampublic.com/media/1241/dd-auth-0915.pdf> and submit the completed form with your claim
- Submit all claim forms and additional documentation by fax or mail:
 - Fax 877-365-9423
 - Mail: American Public Life Insurance Company
Attention: Claims Department
PO Box 925
Jackson, MS 39205-0925
- If you have additional questions regarding your policy or how to file your claim please contact
 - Fringe Benefit Resources
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