

Accident Wellness Benefit

For Collier County Public Schools

Use this Chubb Workplace Benefits claim form or call us at 833-542-2013.

CHUBB

Signature required on reverse side for Fraud Notification

Policyholder Name _____

Policy Number _____

Address _____

City, State, ZIP Code _____

(_____) _____

Phone Number _____

Wellness Screenings

4 Easy Ways to File your Claim:

1. **Call** us at 1-833-542-2013
2. **Online** at chubbworkplacebenefits.com/claims
3. **Fax** this completed form and your screening bill to 312-351-7120
4. **Mail** this completed form and your screening bill to:
Chubb Workplace Benefits
Claim Department
PO Box 6700
Scranton, PA 18505-0700

Note: In some situations we may request additional information to process the claim.

Which wellness screening test did you have?

- | | |
|---|---|
| <input type="checkbox"/> Adult immunization | <input type="checkbox"/> Flu vaccine |
| <input type="checkbox"/> Adult wellness exam | <input type="checkbox"/> Hemoglobin A1C (HbA1c) |
| <input type="checkbox"/> Blood test for triglycerides | <input type="checkbox"/> Hemocult stool analysis |
| <input type="checkbox"/> Bone marrow aspiration or biopsy | <input type="checkbox"/> Mammography |
| <input type="checkbox"/> CA 15-3 (blood test for breast cancer) | <input type="checkbox"/> Pap smear |
| <input type="checkbox"/> CA125 (blood test for ovarian cancer) | <input type="checkbox"/> PSA (blood test for prostate cancer) |
| <input type="checkbox"/> Carotid Doppler | <input type="checkbox"/> Serum cholesterol test to determine level of HDL and LDL |
| <input type="checkbox"/> CEA (blood test for colon cancer) | <input type="checkbox"/> Serum protein electrophoresis (blood test for myeloma) |
| <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> Skin Cancer biopsy |
| <input type="checkbox"/> Child immunization | <input type="checkbox"/> Stress test on a bicycle or treadmill |
| <input type="checkbox"/> Child wellness exam | <input type="checkbox"/> Thermography |
| <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> Thin prep pap test |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Two hour post-load plasma glucose |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Virtual colonoscopy |
| <input type="checkbox"/> Fasting blood glucose test | |
| <input type="checkbox"/> Fasting plasma glucose (FPG) | |
| <input type="checkbox"/> Flexible sigmoidoscopy | |

Patient Name _____

Date of Service ___/___/___

Place of Service _____

Employer _____

Chubb Workplace Benefits
Claim Department
PO Box 6700
Scranton, PA 18505-0700
1-833-542-2013 | Fax Number: 1-312-351-7120

Chubb Workplace Benefits is a business unit of Combined Insurance Company of America, a Chubb company.

