

## Screening Benefit Instructions

A claim form is not required.

The insured can simply take a copy of the statement they receive showing the patient name and address, test that was performed and date of the procedure and write their policy number on the statement and submit it for payment. I would also suggest writing "wellness benefit claim" on the page just to clarify why it is being submitted.

It can then be faxed or mailed to the claims office.

Fax: (866) 586-6528

Transamerica Claims Dept  
PO Box 8043  
Little Rock, AR 72203-8043