



Transamerica Life Insurance Company
Transamerica Premier Life Insurance Company
P.O. Box 8043 Little Rock AR 72203-8043
Claims fax: 866-224-6547
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Claims customer service: 800-251-7254

HEALTH MULTIPURPOSE CLAIM PACKAGE A Instructions 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)

The package has four parts: Claimant's Statement, Attending Physician's Statement, Required Fraud Warning Statements and Authorization for the Release of Health Information. We understand your need for a timely evaluation of your claim. When completing each part, keep in mind you can prevent the potential of a delay by providing complete and accurate information. Please complete all answers on the **Claimant's Statement** that are applicable to your claim. If the claim is on your dependent over the age of 18, the Claimant (patient) needs to sign and date the Authorization for the Release of Health Information. When you ask the doctor to complete the **Attending Physician's Statement**, verify that the questions are answered and that it is signed and dated.

Below are some of the more common documents and statements that are needed when filing a claim for each type of policy. The suggested documents are not comprehensive. Refer to your policy benefits to help determine what information should be submitted for consideration.

Intensive Care:**

The four parts of the Claim Package plus the itemized hospital or UB92 statement and, if an ambulance was used, a statement showing the actual charges/expenses incurred.

Accident/Disability*:

The four parts of the Claim Package plus, if emergency medical treatment was received, a statement showing actual charges/expenses incurred with the diagnosis and a police report (if one was prepared). If filing for accident medical-expense benefits, Attending Physician's Statement is not required.

Critical Assistance*:

The four parts of the Claim Package plus diagnostic reports (pathology report for a cancer diagnosis) or medical records indicating the condition and the date it was diagnosed.

First Occurrence Cancer:

The four parts of the Claim Package plus the pathology report diagnosing cancer.

Heart & Stroke, Hospital Indemnity:**

The four parts of the Claim Package plus itemized hospital statements, itemized surgery statements, itemized anesthesia statements and (for Heart & Stroke) itemized physician statements. These itemized statements should show the actual charges/expenses incurred for your treatment.

**For Wellness Screening Benefit, you only need to submit bills/statements/medical records from the physician or hospital showing date and procedure performed. No additional documents are necessary.*

***If you are covered by Medicare or Medicaid or other insurance, please submit statements from Doctor/ Medical Provider/Hospital showing payments or adjustments by Medicare, Medicaid or your other insurance. Also submit any other information showing the actual charges/expenses incurred for your treatment such as a copy of all Summary Notices from Medicare or Medicaid or Explanation of Benefits from your other insurance.*