

City of Tampa Wellness - Provider/Clinic Form

For Claims Customer Service:

Phone: 866-813-7192

For Claims Submission:

Fax: 866-680-0350

Email: GroupRiderClaimsVB@Trustmarkbenefits.com

Section A – Certificate Owner Information Certificate #: _____ SSN# (last 4 digits): _____

Certificate Owner Name: _____ DOB: _____

Address: _____
Street City State Zip Code

Phone # _____ Home Cell Work Email Address: _____

Section B – Patient Information

Name of patient: _____ DOB: _____ SSN#(Last 4 digits): _____

Relationship to Certificate Owner: _____ (e.g. self, spouse/domestic partner, son/daughter)

This is not a guarantee of payment. Benefits will be determined based on certificate provisions.

Please note that third party communication and text message communication is unavailable with use of this modified form.

Section C: To be completed by Medical Professional who provided the testing. Complete only if the claimed testing was part of a Wellness Clinic through employer. **Please note which test/service you completed by providing the date it was completed below, then sign & date below.**

ROUTINE VISIT - The Benefit is payable as shown on the Schedule for each Covered Person who receives a test by a Medical Professional.

TEST OR SERVICE	Date Completed	TEST OR SERVICE	Date Completed
Low Dose Mammography or routine mammogram		Chest X-Ray	
Pap Smear for women over age 18		Invasive Colonoscopy	
Serum cholesterol test to determine levels of HDL and LDL		Noninvasive colon screening, including CT colonoscopy	
Blood test for triglycerides		Electrocardiogram (EKG/ECG)	
Fasting blood glucose test		Human papillomavirus (HPV) vaccination	
Lipid Panel		Biometric Screening	

DIAGNOSTIC TEST - The Benefit is payable as shown on the Schedule for each Covered Person who receives a test by a Medical Professional.

TEST OR SERVICE	Date Completed	TEST OR SERVICE	Date Completed
Bone Marrow Testing		CEA (blood test for colon cancer)	
Breast Ultrasound		Flexible Sigmoidoscopy	
CA 15-3 (blood test for breast cancer)		Hemoccult Stool Specimen Test	
CA125 (blood test for ovarian cancer)		Prostate-specific Antigen (PSA) test	
Cardiac Stress Test		Thermography	
Cardiac Artery Doppler Screening		Serum Protein Electrophoresis (blood test for myeloma)	
Whole-Body Skin Cancer Screening			

I certify that the above treatment information for the named patient is accurate.

Medical Professional Signature

Print Name

Date