



Great American® Supplemental Benefits

Wellness Claim

To: Loyal American Life Insurance Co® From: _____

Fax: 1-512-531-1480 Date: _____

Pages: _____ Phone: _____

INSTRUCTIONS

ATTACH A COPY OF THE DOCTOR'S BILL SHOWING THE SERVICE PERFORMED, DATE OF SERVICE AND CHARGE. FOR ASSISTANCE, CALL TOLL FREE 1-800-633-6752.

Policy Number _____ Name of Patient _____

Date of Birth _____ Male Female Student where? _____

Name and Address of Primary Insured _____ Social Security No. _____

_____ Patient is: Primary Insured
 Spouse
 Child
 Other _____