

LOYAL AMERICAN LIFE INSURANCE COMPANY®

PO BOX 1604, DUNCAN, OKLAHOMA, 73534-1604

Phone (800) 366-8354

Transportation Verification Form

Policy Number _____ Name of Patient _____ Male Female _____ Date of Birth _____

Name and Address of Primary Insured _____ Male Female _____ Date of Birth _____

Social Security No. _____ Telephone () _____

Spouse's Name _____

Travel

by: Airline Railroad Bus Private Automobile
(Attach copy of airline, railroad or bus ticket)

I hereby certify that _____ traveled to or from a hospital for the treatment of cancer
(patient's name)
on the following dates:

<u>DATE</u>	<u>MILEAGE</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DIAGNOSIS: _____

TYPE OF TREATMENT RECEIVED: _____

Was this treatment available in the city where the patient resides? Yes No

If not, where is the nearest hospital where the treatment could have been rendered?

City and State: _____

Signed: **X** _____ Date: _____
Physician's Signature

Printed: _____
Name, Address and Telephone Number

Warning: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

I further certify that I have read the above Fraud Warning Statement and the additional Fraud Warning Statements that appear on the back of this page that might apply to me or my family.

X _____ Date: _____
Insured's Signature