

TUMOR/CYST QUESTIONNAIRE
(complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated: _____ Relationship to applicant: _____

1. Date of diagnosis or date of first indication of tumor/cyst: _____

What diagnosis or description was given to you by your doctor about the tumor/cyst?

2. Was it diagnosed as: Malignant _____ or Benign _____ (If malignant, provide details) _____

If malignant, what was the stage, grade, Clark level (Melanoma) or Gleason (Prostate) score? _____

Size of tumor/cyst? _____ Location of tumor/cyst? _____

Has there been any metastasis or spread to any other location(s)? Yes _____ No _____
(If yes, provide details):

Has there been any recurrence or relapse? Yes _____ No _____. If yes, provide details:

3. Did you receive medication for the tumor/cyst? Yes _____ No _____. If yes, provide name and dosage of medication and date medication was taken: _____

Did you receive radiation or chemotherapy for the tumor/cyst? Yes _____ No _____. If yes, provide details and date(s) taken: _____

4. Have you had surgery or been advised to have surgery to remove the tumor/cyst? Yes _____ No _____
If yes, when? _____

Have you been released from treatment? Yes _____ No _____. If yes, when? _____

5. Are further studies or future operations for the tumor/cyst anticipated? Yes _____ No _____

If yes, when? _____

6. Name and address of treating physician: _____

7. Any other comments? _____

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand Anthem Blue Cross and Blue Shield will rely on these statements when determining eligibility.

Signature of person treated (or parent/guardian if under 18)

Date