

**TUMOR/CYST/SKIN CANCER 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/skin cancer: \_\_\_\_\_

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

\_\_\_\_\_

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/skin cancer? \_\_\_\_\_ Location? \_\_\_\_\_

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/skin cancer? 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/skin cancer? 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/skin cancer? Yes \_\_\_ No \_\_\_  
If surgery done, when? \_\_\_\_\_

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

5. Are further studies or future operations for the tumor/cyst/skin cancer 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

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Rev. 3/04