

Administrative Services Only, Inc  
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asonet.com

## CWA LOCAL 1181 SECURITY BENEFITS FUND

### INNERIMAGING BODY SCAN

Please visit [asonet.com](http://asonet.com) and log into your member account for additional plan information,  
to print claim forms, track your claims and claim history.

#### MEMBER INFORMATION

MEMBER NAME	BIRTH DATE	LAST 4 DIGITS OF SOC SEC # OR ASO MEMBER ID #		
ADDRESS	APT. NO.	CITY	STATE	ZIP CODE
PERSONAL EMAIL ADDRESS	PREFERRED DAYTIME TELEPHONE #: Contact #		HOME TELEPHONE #:	

PATIENT NAME:	BIRTH DATE:	RELATIONSHIP: <input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER
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#### **BODY SCAN** (Electron Beam Tomography Scan)

Active/Retired Members and their eligible spouses and domestic partners (court approved) who are over age 40 and up to age 77 are entitled to a full body screening performed by Inner Imaging, our participating body scan provider.

This screening is designed to detect and may determine your risk of future heart attack, lung disease, and many types of cancer in the early stages and long before any symptoms occur.

You are eligible for this benefit **once every five years**.

#### **HOW TO ARRANGE FOR A TEST:**

1. Call Inner Imaging at 212-777-8900.
2. Identify yourself as a member of the CWA Local 1181 Security Benefit Fund and schedule an examination.
3. Bring a copy of the claim form with you at the time of your visit.

INNER IMAGING located at 165 East 84th Street New York, New York 10028.

Further information is available at [innerimagingpc.com](http://innerimagingpc.com) visit the forms section on [asonet.com](http://asonet.com).

#### **MEMBER/SPOUSE SIGNATURE IS REQUIRED ON ALL CLAIMS.**

**ASSIGNMENT OF BENEFITS:** I hereby authorize payment of the benefits directly to the above named vendor.  
I understand I am financially responsible to the vendor for charges not covered by this authorization

Member/Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_