Accident claims checklist

Have this information handy to identify your policy:

- ☐ Policy number.
- ☐ Policyholder's name.
- ☐ Policyholder's date of birth.
- ☐ Policyholder's address.

Here's a list of common items you will need to file a claim*:

- ☐ Patient's name and date of birth.
- ☐ Patient's relationship to policyholder.
- ☐ Date and description of injury.
- ☐ Location of accident.
- ☐ Copy of police report (motor vehicle accidents).
- ☐ Authorization to obtain information: To allow Aflac to contact your provider on your behalf, please include the provider's name, address and fax number (if available).
- ☐ For hospital confinement: Ask your hospital to provide a completed UB04 document or ask your physician to provide a completed HCFA1500 document.
- ☐ For surgery: Include the operative report, and both the surgeon's and anesthesia's bills.
- ☐ Include all ambulance, mobility aids, lodging and transportation invoices.

Details of all requirements can be found by downloading your state-approved claim form at www.aflac.com/file-a-claim.

File your claim faster using the MyAflac mobile app:

1. Log in to MyAflac or download the MyAflac mobile app.
   (If you haven't registered on aflac.com/myaflac you will need your policy number.)
2. Click File a Claim on the MyAflac mobile app to begin. Our system will guide you through every step of the way.
3. Upload required documents by scanning or taking a quick snapshot.
4. Submit your completed claim to get paid fast.

Other ways to file a claim:

Guest claim submission: If you are not registered on MyAflac, you may file your claim as a guest.

Mail: Aflac, Attention: Claims Department
1932 Wynnton Road, Columbus GA 31999

Helpful tips:

View benefit details
Here you'll find a copy of your policy to see what's covered and benefit amounts.

Track your claim
Follow your claim from start to finish and receive alerts if we need additional information through our integrated Claim Status Tracker.

Sign up for direct deposit and receive benefits faster
Be sure to register at least 24 hours before filing a claim. Otherwise, we will mail you a check.

Aflac

Cancer claims checklist

Identify your policy *(Please include at least three pieces of identifying information.)*

☐ Policy number. ☐ Policyholder's name. ☐ Policyholder's date of birth. ☐ Policyholder's address.

Definitions & acronyms

- HCFA 1500 (non-hospital
- Itemized hospital bill (IHB).
- UB04 (Itemized hospital bill).
- Authorization to obtain information (AU). *(This allows Aflac to request additional documentation on your behalf.)*
- Pathology report - Test results from specimen that diagnosed cancer.

What you need to file a claim

☐ Patient's name and date of birth.

☐ Patient's relationship to policyholder.

☐ Pathology report is required for all skin cancer claims and the initial claim for an internal cancer diagnosis.

Proof of services *(Please obtain the supporting documents for the corresponding benefit.)*

☐ **Initial cancer diagnosis** (Internal or skin).

- ☐ **Positive pathology report.**
- ☐ **MRI, CT scan or PET scan.** (If a pathological diagnosis of cancer cannot be made but cancer was diagnosed by a scan).

☐ **Hospital confinement.**

- ☐ **Itemized hospital bill** (IHB with diagnosis/UB04).
- ☐ **Discharge summary.** (To include the type of room and level of care.)
- ☐ **Admission/discharge date and time.** (Must be included.)

☐ **Radiation, chemotherapy, immunotherapy.**

- ☐ **IHB/UB04/HCFA-1500.**
- ☐ **For oral chemotherapy, pump/self-injected medication.** (Regimen is required for initial treatment for each drug.)
- ☐ **Protocol verification** (and dual-action drugs).
- ☐ **Pharmacy statement/receipts/medical prescription.**

☐ **Second surgical opinion.**

- ☐ **Consultation report.**
- ☐ **Physician/office notes.**
- ☐ **Hospital consultation notes.**

☐ **Surgery.** (Name, procedure description and/or code.)

- ☐ **Operative/surgical report.**
- ☐ **Pathology report.**
- ☐ **HCFA 1500/UB04.**
- ☐ **Physician/office notes.**
- ☐ **Hospital reports.**
- ☐ **Surgeon billing.**

☐ **Transportation and/or lodging.**

- ☐ **Proof of mileage.** (Navigation apps such as Google Maps, Apple Maps, Waze, etc.)
- ☐ **Lodging receipts.**
- ☐ **Corresponding medical documents for covered treatment dates.**

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Dental claims checklist

Identify your policy *(Please include at least three pieces of identifying information.)*

☐ Policy number. ☐ Policyholder's name. ☐ Policyholder's date of birth. ☐ Policyholder's address.

What you need to file a claim

☐ Patient's name and date of birth.

☐ Patient's relationship to policyholder.

☐ Completed ADA form or itemized bill.

Definitions & acronyms

- American Dental Association (ADA).
- Authorization to obtain information (AU). *(This allows Aflac to request additional documentation on your behalf.)*
- Payer ID - 58066 - Code used by providers to submit claims electronically to Aflac. NY Payer ID is 52080.

Proof of services *(Please obtain the supporting documents for the corresponding benefit.)*

☐ **Completed ADA form** or **itemized bill**
- Must include ADA codes.
- Date of service and charges. *(Benefits cannot be paid from a treatment plan.)*
- For fillings we also need the tooth surface area and oral cavity area.

MyAflac® helpful tips:

My Claims
Follow your claim from start to finish and receive alerts if we need additional information through our integrated Claim Status Tracker.

My Coverage
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My Account
Enroll in direct deposit and receive claims benefits faster. Be sure to enroll at least 24 hours before filing a claim. Otherwise, we will mail you a check.

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EXP 12/22

Short-Term Disability claims checklist

Have this information handy to identify your policy:

- ☐ Policy number.
- ☐ Policyholder's name.
- ☐ Policyholder's date of birth.
- ☐ Policyholder's address.

Here's a list of common items you will need to file a claim*:

- ☐ Type of disability: injury, sickness or pregnancy.
- ☐ For injury: description and location.
- ☐ For motor vehicle accident: copy of police report.
- ☐ For hospital stay: Ask your physician to provide a completed UB04 document.
- ☐ Disability Claim Form (Physician's and employer's statements are required).
- ☐ Authorization to obtain information: To allow Aflac to contact your provider on your behalf, please include the provider's name, address and fax number (if available).

Details of all requirements can be found by downloading your state-approved claim form aflac.com/file-a-claim.

File your claim faster using the MyAflac mobile app

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   (If you haven't registered on aflac.com/myaflac you will need your policy number.)
2. Click File a Claim on the MyAflac mobile app to begin. Our system will guide you through every step of the way.
3. Upload required documents by scanning or taking a quick snapshot.
4. Submit your completed claim to get paid fast.

Other ways to file a claim:

Guest claim submission: If you are not registered on MyAflac, you may file your claim as a guest.

Mail: Aflac, Attention: Claims Department
1932 Wynnton Road, Columbus GA 31999

Helpful tips:

View benefit details
Here you'll find a copy of your policy to see what's covered and benefit amounts.

Track your claim
Follow your claim from start to finish and receive alerts if we need additional information through our integrated Claim Status Tracker.

Sign up for direct deposit and receive benefits faster
Be sure to register at least 24 hours before filing a claim. Otherwise, we will mail you a check.

Hospital claims checklist

Have this information handy to identify your policy:

- ☐ Policy number.
- ☐ Policyholder's name.
- ☐ Policyholder's date of birth.
- ☐ Policyholder's address.

Here's a list of common items you will need to file a claim*:

- ☐ Patient's name and date of birth.
- ☐ Patient's relationship to policyholder.
- ☐ First consult date of injury or sickness.
- ☐ For injury: description and location.
- ☐ For illness: date symptoms first occurred.
- ☐ For pregnancy: date and type of delivery.
- ☐ For surgery: Include the operative report, and the surgeon's and anesthesia bills.
- ☐ Types of services received and details of charges.
- ☐ Invoices for ambulance and transportation.
- ☐ Ask your physician to provide a completed HCFA 1500 or ask the hospital to provide a completed UB04.
- ☐ Authorization to obtain information: To allow Aflac to contact your provider on your behalf, please include the provider's name, address and fax number (if available).

Details of all requirements can be found by downloading your state-approved claim form aflac.com/file-a-claim.

File your claim faster using the MyAflac mobile app

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3. Upload required documents by scanning or taking a quick snapshot.
4. Submit your completed claim to get paid fast.

Other ways to file a claim:

Guest claim submission: If you are not registered on MyAflac, you may file your claim as a guest.

Mail: Aflac, Attention: Claims Department
1932 Wynnton Road, Columbus GA 31999

Helpful tips:

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Track your claim
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How to file a wellness claim

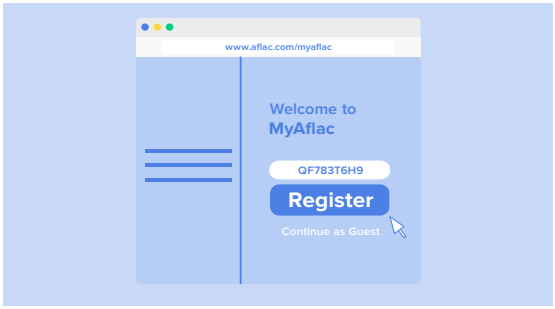
Your Aflac wellness claim pays you money for staying on top of your health by getting yearly checkups and medical screenings such as physicals, dental exams and eye tests. Most Aflac accident, hospital indemnity and cancer insurance policies have a wellness benefit to pay you for staying on top of your health.

You can file your wellness claim online at aflac.com/MyAflac or through the MyAflac® mobile app available for Apple and Android devices.

Download on the App Store

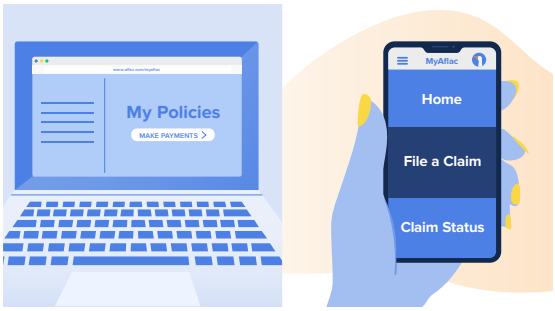
ANDROID APP ON Google play

Follow these steps below or watch the video here.



Step 1:

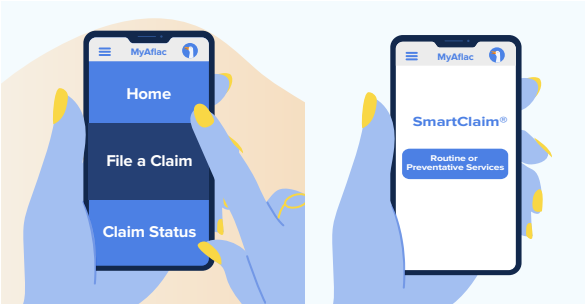
Before filing a claim, make sure you register online by creating a MyAflac account. You can sign up using either your Aflac insurance policy number or alternate personal information. You can also file a claim as a guest if you prefer not to register.



Step 2:

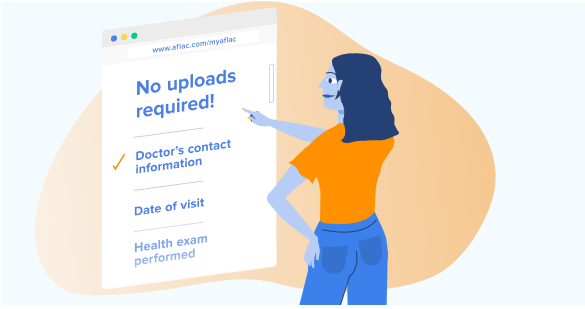
Simply log in to your account at aflac.com/MyAflac or download the MyAflac app to your mobile device.

Aflac®



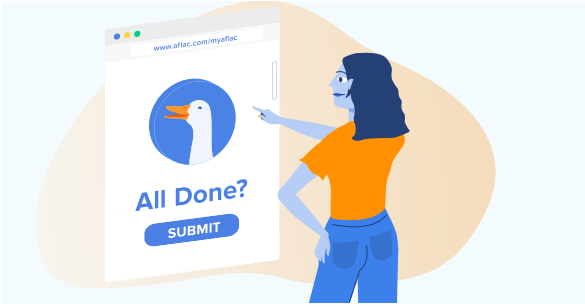
Step 3:

Go to “File a Claim”, select “Physician visits, routine or preventative services” and follow the steps.



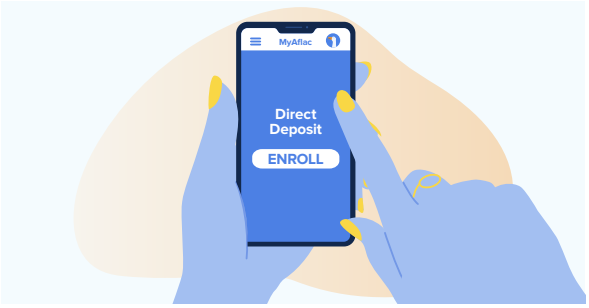
Step 4:

There’s no uploading required. All you need is your doctor’s contact information, date of your visit, and the health exam performed.



Step 5:

Follow a few simple steps and your Aflac wellness claim is complete. You can even track its progress online with the claims status tracker.



Step 6:

Need your money even faster? Enroll in direct deposit for speedier delivery right to your bank account.

We’re here for you when you need us most. Get to know us at aflac.com.

Vision claims checklist

Identify your policy *(Please include at least three pieces of identifying information.)*

- ☐ Policy number.
- ☐ Policyholder's name.
- ☐ Policyholder's date of birth.
- ☐ Policyholder's address.

What you need to file a claim

- ☐ Patient's name and date of birth.
- ☐ Patient's relationship to policyholder.

For injuries:

- ☐ Date and description of injury.
- ☐ Location of the injury.

For illnesses:

- ☐ Date symptoms first occurred.
- ☐ Date of first treatment.

Definitions & acronyms

- UB04 (itemized hospital bill).
- HCFA 1500 (non-hospital bill).
- Authorization to obtain information (AU). *(This allows Aflac to request additional documentation on your behalf.)*

Proof of services *(Please obtain the supporting documents for the corresponding benefit.)*

- ☐ **Physician office notes** or **receipt.**
  - ☐ **Eye exam.**
  - ☐ **Vision correction.**
  - ☐ **Visual impairment** - Office notes/medical documentation showing level of impairment.
- ☐ **Surgery** - Operative/surgical report.
- ☐ **Specific eye disease/disorder** - Physician office notes, scan report or test results showing diagnosis.
  - ☐ **Macular degeneration.**
  - ☐ **Retinal detachment.**
  - ☐ **Proliferative diabetic retinopathy.**
  - ☐ **Retinitis pigmentosa.**
  - ☐ **Glaucoma** (excluding preglaucoma and/or borderline glaucoma).

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