



CLAIMS PROCESS

1). **Fill out** the appropriate claim form. Claim forms can be found at:
http://aflacgroupinsurance.com/customer_service/file_claims.aspx

2). For **Accident** claims: **request** this paperwork from the hospital, doctor, etc:

- Itemized Bill/UB-04 form OR HCFA 1500 form
- ER report if admitted to the ER
- Copy of policy or accident report if accident resulted from the use of a motor vehicle ➤
Doctor's notes for doctor's visits, chiropractor visits, follow-ups

Please note: Provide a date and complete description of your accident. If your injury occurred on the job, a first report of injury filed with your employer must be attached to the completed claim form. If you were first treated in an emergency room, a copy of the hospital discharge papers is required to verify the first date of treatment, diagnosis, and procedure. Please include all dates of treatment and charges incurred due to the accident

For **hospitalization** claims **request** this paperwork:

- Itemized bills showing medical treatment dates and diagnosed conditions,
- Hospital admission and discharge papers for inpatient hospital admission and confinement benefits
- Pharmacy receipts for prescription drug reimbursement
- A signed and dated Authorization for Disclosure of Health Information (HIPAA form).
- Also, if you are filing during the first year of your coverage effective date, we'll need you to provide the information requested on the Pre-Existing Investigation Statement.

For **Critical Illness** claims:

- Please provide all information requested on the Insured's Statement portion of the claim form.
- The Attending Physician's statement portion of the critical illness claim form is to be completed by the physician who first diagnosed your condition.
- Please submit required medical documentation for the specific covered critical illness, the claimant's birth certificate, a list of the names of all doctors and hospitals in the appropriate section, as well as a signed and dated Authorization for Disclosure of Health Information (HIPAA form).

Cancer claims also request the following:

- Pathology report
- Itemized Bills with diagnosis and procedure codes

For wellness claims: fill out the wellness claim form completely, no other paperwork needed.

3). **Fax** claim form and necessary paperwork to 1.866.849.2970

For immediate claims assistance call: 1.800.433.3036 OR

For a local representative, call the office at 419.205.0446

