

Aflac Group Claim Filing

If you are enrolled in a Group Accident plan, Group Critical Illness or Group Hospital Indemnity, you have access to many benefits, including wellness reimbursements.

Visit www.aflac.com/paypal to view the full summary of benefits.

Accident Insurance Benefits include but are not limited to:

- Ambulance rides
- Wheelchairs, crutches, and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Lacerations, and more

Wellness benefits include:

- \$50 Wellness Benefit (payable for covered wellness tests and screenings)

Critical Illness Insurance Benefits include covered critical illnesses such as:

- Cancer
- Heart Attack
- Stroke
- Non-Invasive Cancer

Wellness benefits include:

- \$200 Mammogram Benefit

Hospital Indemnity Insurance Benefits include but are not limited to:

- Hospital Admission
- Hospital Confinement
- Hospital Intensive Care

Wellness benefits include*:

- \$50 Health Screening (payable for covered health screening tests)
- \$100 Mammogram Benefit

*Residents of Massachusetts are not eligible for these benefits.



Have questions? Connect whenever you need us 24/7 by scanning the QR code on the left, logging in to your account or chatting with us at www.aflacgroupinsurance.com.

How to file a claim

There are two ways at Aflac to file a claim: online or via mobile app, or by paper.

Online or by mobile app:



Submit a claim and track the status:

Login online or via your MyAflac mobile app and simply select **new claim**, answer a few questions about what happened and upload your supporting documents.

To prevent delays in processing your claim, be sure to:

- Enroll in direct deposit for faster claims payment. Make sure to have your account and routing numbers on-hand.
- If applicable, upload your completed Physician's Statement.
- Sign your claim digitally in the indicated areas and upload all billing and supporting documentation.
- Once your claim is submitted, you can track its status as it is processing.

Paper:

Claim forms can be found by visiting www.aflacgroupinsurance.com.

To file a paper claim, please send your completed claim form and supporting documentation (see next pages) to:

Mail:

Aflac
Attn: Claims
P.O. Box 84075
Columbus, GA 31993-9103

Fax:

1.866.849.2970 (toll-free fax)

Email:

groupclaimfiling@aflac.com



ACCIDENT CLAIM FORM INSTRUCTIONS

To avoid delays in processing of your claim form, complete each section, attaching documentation below when it applies. Primary medical insurance EOBs alone do not contain the required information to process a claim.

Supporting Documentation Needed

- ✓ Itemized bill from hospital stay (UB04 form) or treating physician's office (HCFA1500 form), these forms will need to be requested from the provider
- ✓ Chart Note to include admission and discharge paperwork if there was a hospital stay
- ✓ Medical documentation with procedure and diagnosis codes associated with the date of treatment
- ✓ Surgical Report if accident involved surgery
- ✓ Ambulance bill if emergency transport was required
- ✓ Appliance receipt if crutches, wheelchair or other medical equipment was required
- ✓ Follow Up Visit-receipts for follow up visits or physical therapy with dates and charges if applicable
- ✓ Xray/Diagnostic Tests-receipts with dates and charges if applicable
- ✓ Accident Report-if applicable (ex: police report)
- ✓ Benefit Assignment-Benefits are payable to the policy holder unless written authorization is received from you or your healthcare provider to assign benefits to the provider. If you choose to assign benefits, attach a signed and written request.
- ✓ Email form to groupclaimfiling@aflac.com or fax to 1.866.849.2970.



CRITICAL ILLNESS CLAIM FORM INSTRUCTIONS

To avoid delays in processing of your claim form, complete each section attaching documentation below when it applies.

Supporting Documentation Needed

- ✓ Chart Note to include admission and discharge paperwork if there was a hospital stay
- ✓ Surgical Report-if surgery took place
- ✓ Pathologist report when diagnosed with a malignant condition
- ✓ Benefit Assignment-Benefits are payable to the policy holder unless written authorization is received from you or your healthcare provider to assign benefits to the provider. If you choose to assign benefits, attach a signed and written request.
- ✓ Email form to groupclaimfiling@aflac.com or fax to 1.866.849.2970.



HOSPITAL INDEMNITY CLAIM FORM INSTRUCTIONS

To avoid delays in processing of your claim form, complete each section attaching documentation below when it applies.

Supporting Documentation Needed

- ✓ Itemized bill if there was a hospital stay (UB04 from the hospital or medical facility)
- ✓ Chart Note to include admission and discharge paperwork if there was a hospital stay
- ✓ Itemized bill from physician's office (HCFA 1500 from treating physician's office)
- ✓ Surgical Report if surgery took place
- ✓ Follow Up Visit-receipts for follow up visits or physical therapy with dates and charges if applicable
- ✓ Xray/Diagnostic Tests-receipts with dates and charges if applicable
- ✓ Accident Report-if applicable (ex: police report)
- ✓ Benefit Assignment-Benefits are payable to the policy holder unless written authorization is received from you or your healthcare provider to assign benefits to the provider. If you choose to assign benefits, attach a signed and written request.
- ✓ Email form to groupclaimfiling@aflac.com or fax to 1.866.849.2970.