

Helpful tips for filing AFLAC claims- Aflac Group Products

(This list is intended to help you get your claim started with the most common documents and information that the claims auditor will be looking for. Aflac may request additional info based on your claim situation.)

Click here to find claim forms and links for Aflac Group Products-

→**Website:** www.aflacgroupinsurance.com - at the top choose, “customer service” & “file a claim”
<https://www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx>

Guidelines and common documents needed: (along with the Aflac claim form)

***Be sure to check your enrollment status or payroll to verify which plans you are covered by.*

Accident claim-

<https://www.aflacgroupinsurance.com/docs/customer-service/claim-forms/accidentclaimform.pdf>

- Your claim MUST be related to an injury that occurred on a specific date and medical documentation must support this. Tell the doctor exactly what happened so it can be documented in the visit notes or H&P. Examples- Paul tripped on and fell on his right arm; Mary slipped on the ice 3 days ago and pain continues in her back; Alice was moving boxes yesterday and twisted her knee. NOT acceptable is, i.e- back pain for 3 weeks (without stating what caused it). The accident policy also does not cover sickness or emergent health issues such as heart attack.
- Documents that might pertain to your claim: (these can typically be found in your My Chart account)
 - Visit Notes or H&P for the doctor visit, urgent care or ER and *follow-up visits*- this usually details the reason for the visit. (found under “visits” and “view notes” in My Chart”. Not just the after visit summary, but look for more detailed description of the initial visit that provide evidence of injury.)
 - Radiology reports such as x-ray, MRI, CT scan. (found under “test results” in My Chart)
 - Surgical report or Op note if a surgery was involved. (found under “visits” and “view notes” in My Chart)
 - If admitted to the hospital because of injury- request an ITEMIZED BILL from the facility (not available until after discharge) and also print the DISCHARGE SUMMARY from My Chart (found under “visits” and “view notes”)
 - Ambulance bill or run sheet if transported by Ambulance because of injury.
 - If it was a motor vehicle accident in which the policyholder was a driver, you must submit a police report of the accident.

Hospital claim-

https://www.aflacgroupinsurance.com/docs/customer-service/claim-forms/hospitalization_claim_form.pdf

- You MUST be admitted to the hospital WITH a room charge for the confinement benefit to be payable. The ONLY way to know this is to request an ITEMIZED BILL from the facility after discharge. Also, print the DISCHARGE SUMMARY (found under “visits” and “view notes” in My Chart). “Observation hours”, ER visit or outpatient procedure is not payable under the confinement benefit, however, it is recommended to file the claim (with the itemized receipt) for review of possible “per day” benefits, health screening or wellness that might be applicable based on the policy type. Aflac is looking for a room charge and also a diagnosis (or diagnosis code), make sure your documents include these.

Critical Illness claim-

- View and print the Critical Illness claim form.

https://www.aflacgroupinsurance.com/docs/customer-service/claim-forms/group_critical_illness.pdf

Specific requirements are listed on the claim form for each type of diagnosis. Please refer to this for the documents you need to submit.

- Cancer; Carcinoma in situ; Skin Cancer:** Please submit a copy of the pathology report from which the condition was diagnosed.
- Heart Attack; Sudden Cardiac Arrest:** Please submit a copy of the discharge summary, cardiology consult report, cardiac catheterization report, history & physical, and ER notes.
- Coronary Artery Bypass Surgery:** Please submit a copy of the operative report for the procedure.
- Major Organ Transplant; Bone Marrow Transplant:** Please submit a copy of the operative report for the procedure.
- Stroke:** Please submit a copy of the discharge summary, MRI and/or CT test reports from the initial diagnosis, as well as proof of permanent neurological damage (i.e. follow up CT and/or MRI reports, office notes from neurologist or therapist, etc.)
- Renal Failure:** Please submit proof of the start date for dialysis or the operative report for transplant. The End Stage Renal Disease Medical Evidence Report is preferred.
- Heart Event:** Please submit a copy of the operative report for the procedure.
- Loss of Sight, speech, hearing, coma, burns, paralysis:** Please submit medical documentation from the health care provider indicating the diagnosis and severity.

- Only complete the sections of the claim form that pertain to your condition and have the attending physician sign the form.

Submission of your claim:

1. Email- groupclaimfiling@aflac.com (Include the policy type, employer name and policyholder name in the subject line)
2. Fax- (866) 849-2970
3. Mail- AFLAC claims- PO Box 84075, Columbus, GA 31993

***Please allow 5-10 business days for the review of your claim once it is received.

If you have questions about your claim, you can reach out by phone:

[Aflac customer service- \(800\) 433-3036.](tel:(800)433-3036)