Cancer Claim Checklist



General Reminders:

| | ogin to MyAflac or download the MyAflac mobile app to register so that you can: |
|------------|---|
| | Check the status of your claim (opt in to receive claim updates electronically). Sign up for Direct Deposit to receive benefit payments directly in your bank account. |
| | · Sight up for Direct Deposit to receive benefit payments directly in your bank account. · Verify and/or update your mailing address. |
| □ E □ F | Ensure the policy number, primary policyholder's name and date of birth is include on all submitted documents. Review your state specific claim form and the exclusions/waiting periods listed in your policy prior to claim submission in order to prevent a delay in your claim(s) review process or additional documents being requested. |
| | After you have submitted your claim and its supporting documents; if additional documents are deemed necessary, we can assist in obtaining them with a signed/completed authorization form. There may be a delay in claim processing if we need to request additional documents on your behalf. |
| | you are receiving a paper check, please allow for mail time once the claim has been processed. Itilize the checklist below to ensure completed claim forms are submitted. |
| Rem | inders for You: |
| □ F | or Initial Cancer Claims, we will need: |
| 1 | Initial Pathology Report (The first pathology report that diagnosed the cancerous condition; generally as a result of a biopsy and/or medical scan). |
| | All pertinent medical documents as a result of the treatments received for the cancerous condition. follow-up or Continuing Claims |
| - | Include the initial diagnosis of cancer and the date of diagnosis. |
| 1 | All pertinent medical documents as a result of ongoing treatments received for the cancerous condition. |
| Rem | inders for your Medical Documents: |
| □s | Surgery: Provide a copy of the operative report and surgeons billing statement. |
| H | lospital Confinement: Submit an itemized hospital bill (UB04) and a discharge summary that shows the date and time admitted, the date and time discharged, and the chargers incurred. |
| | Chemotherapy or Radiation: Provide a billing statement that shows individual dates of service, the type of treatment |
| _ (| chemotherapy or radiation), name of chemotherapy (i.e. copy of the prescription or pharmacy order), and charges for the reatment(s). |
| | ransportation or Lodging: Submit proof of mileage (such as MapQuest, Google Maps, or flight purchases), and a copy of your |
| - 10 | odging receipts. |
| | liscellaneous Treatments: Submit physician office notes that shows provider information, diagnosis, dates of service, and type |

Ways to file your claim:

Fax: 1.877.44.AFLAC (1.877.442.3522)

Mail: Aflac, Attn: Claims Department

1932 Wynnton Road, Columbus GA 31999

of service received; as well as billing statements that show charges incurred.

Have questions or need assistance?

Visit Aflac.com or call 1.800.99.AFLAC (1.800.992.3522). Our customer service representatives are here to assist you Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

This checklist is intended to assist policyholders when filing claims and does not constitute a guarantee of claims payments. One Day PaySM is available for certain individual claims submitted online through the Aflac SmartClaim® process. Claims may be eligible for One Day Pay processing if submitted online through Aflac SmartClaim®, including all required documentation, by 3 p.m. ET. Documentation requirements vary by type of claim; please review requirements for your claim(s) carefully. Aflac SmartClaim® is available for claims on most individual Accident, Cancer, Hospital, Specified Health, and Intensive Care policies. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2019.

Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. WWHQ | 1932 Wynnton Road | Columbus, GA 31999.

Z190577 Exp 6/20