

Critical Care Claims Checklist

Have this information handy to identify your policy:

Policy number

Policyholder's name and 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 of injury or illness

Details of diagnosis

Types of services received and details of charges

Details of all requirements can be found by downloading your state-approved claim form [here](#).

File your claim faster through the Aflac SmartClaim® Process:

- 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 to do so.)
- 2 Click Start a SmartClaim or File a Claim on the MyAflac mobile app to begin.
Aflac SmartClaim guides you through every step of the way.
- 3 Upload required documents by scanning or taking a quick snapshot.
- 4 Submit your completed claim before 3 p.m. ET, Monday - Friday, to qualify for One Day PaySM processing*.
SmartClaims received after 3 p.m. ET will be processed the next business day.

Other ways to file a claim:

Fax: 1.877.44.AFLAC (1.877.442.3522)

Mail: Aflac, Attention: Claims Department

1932 Wynnton Road, Columbus GA 31999

Helpful tips: [Log in to aflac.com/myaflac](#) so you can:



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, your check will be mailed to you.



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, 2018.

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.



SPECIFIED EVENT/LUMP SUM CRITICAL ILLNESS EVENT CLAIM FORM

Thank you for trusting Aflac with your Specified Event/Lump Sum Critical Illness Event needs.

- If you are interested in filing your claim online or uploading documentation on an existing claim, register using aflac.com/smartclaim.

To prevent delays, please provide documentation from your healthcare provider to support this claim. If you have additional bills or medical documentation that relates to this diagnosis other than the documentation defined, please submit them for review of additional benefits.

- Service related items can be obtained directly from the patient's healthcare provider(s) by requesting a UB04 hospital bill or HCFA 1500 non-hospital bill.
Failure to complete all sections may result in a delay in processing this claim.
Disclaimer: Some of the services listed may not be covered by your policy.

*Policy Number: [grid]

Policyholder Information: This * denotes a required field.

*Last Name [grid] Suffix [grid] *First Name [grid] MI [grid]

*Date of Birth (mm/dd/yy) [grid] Telephone Number where we can reach you [grid]

*Home Address [grid]

*City [grid] *State [grid] *Zip Code [grid]

[checkbox] Check box if this is a permanent address change.

Patient Information:

*Last Name [grid] *First Name [grid] *Date of Birth (mm/dd/yy) [grid]

*Sex: [checkbox] Male [checkbox] Female

*Relationship: [checkbox] Primary Policyholder [checkbox] Spouse [checkbox] Dependent Child

Specified Event/Lump Sum Critical Illness Checklist

- Please indicate the condition the patient is filing for below and submit the appropriate medical documentation:
[checkbox] Coma - Documentation from the health care provider indicating the duration of the coma and the ranking on the coma scale.
[checkbox] Burn - Documentation showing the total percentage of the body with third degree burns.
[checkbox] Paralysis - Documentation from the health care provider of complete and total loss of use of two or more limbs, including the duration of paralysis.
[checkbox] Heart attack - Documentation of the electrocardiographic findings or clinical findings together with test results of blood enzymes diagnosing a heart attack.
[checkbox] Stroke - Documentation of a neurological deficit with complete or partial function loss for more than 24 hours.
[checkbox] End stage renal failure - Documentation of a diagnosis of permanent and irreversible kidney failure.
[checkbox] Persistent vegetative state - Statements from two physicians indicating cognitive function has been substantially impaired and there is no reasonable expectation that the patient will regain cognitive function.
[checkbox] Sudden cardiac arrest - Documentation or the discharge summary indicating the diagnosis.
[checkbox] Coronary artery bypass graft surgery - Documentation from the health care provider indicating open-heart surgery was performed to correct the narrowing or blockage of one or more coronary arteries with bypass grafts.
[checkbox] Major human organ transplant - Documentation from the health care provider indicating the covered person has received, as a result of surgical transplant, one or more of the following human organs: kidney, liver, heart, lung, or pancreas.
[checkbox] Heart surgery - Documentation from the health care provider indicating the type of heart surgery performed.
[checkbox] Bone marrow transplant - Documentation from the health care provider indicating a bone marrow transplant was performed.
[checkbox] Internal cancer - The initial pathology report or exam that initially diagnosed internal cancer.
[checkbox] Noninvasive cancer - The initial pathology report or exam that initially diagnosed noninvasive cancer.
[checkbox] Skin cancer - The initial pathology report or exam that initially diagnosed skin cancer.

