

Cancer/Specified Disease 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

For hospital stay: Ask your hospital to provide a

Patient's relationship to policyholder

completed UB04 document or ask your physician to

Date of initial diagnosis and first treatment date

provide a completed HCFA 1500 document

Type of cancer

For surgery: Include the operative report, and the

Dates and types of services

surgeon's and anesthesia bills

Drug names, submit pharmaceutical statements

For radiation therapy: Include a copy of the

Lodging and transportation invoices

itemized bill

For further details, download your state-approved claim form [here](#).

File your claim faster using the MyAflac mobile app:

- 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.)
- 2 Click Start a SmartClaim or File a Claim on the MyAflac mobile app to begin.
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. 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 into 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.

Aflac herein means American Family Assurance Company of Columbus.



CANCER CLAIM FORM

Thank you for trusting Aflac with your Cancer 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:

Policyholder Information: This * denotes a required field.

*Last Name Suffix *First Name MI

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

*Home Address

*City *State *Zip Code -

Check box if this is a permanent address change.

Patient Information:

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

*Sex: Male Female

*Relationship: Primary Policyholder Spouse Dependent Child

Cancer Checklist

- Is this the initial claim for this cancer diagnosis? No Yes (If yes, please submit the initial pathology report or exam that diagnosed cancer.)
- Please be sure to include the following information along with this claim form: positive Pathology Report and itemized bills from facility including diagnosis and/or procedure codes and charge amounts (Itemized bills may include but are not limited to the following: UB04 from your provider, HCFA1500 from your provider, etc.)
- Has the patient been diagnosed with cancer? No Yes (If yes, please submit the initial pathology report or exam that diagnosed cancer.)
- Type of cancer: _____
- Date of initial diagnosis: ____/____/____
- First date of treatment for this diagnosis: ____/____/____

American Family Life Assurance Company of Columbus (Aflac)
 ATTN: Claims Department • 1932 Wynnton Road • Columbus, GA 31999
 For information or to check claim status, visit aflac.com or call 1-800-99-AFLAC (1-800-992-3522)
 Claims may be faxed to 1-877-44-AFLAC (1-877-442-3522)

