

## **Claim Form Submission Helpful Information**

### **Accident**

#### 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
- ☐ X-ray/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.
- ☐ Complete Accident claim submission through My Aflac <https://mylogin.aflac.com/>

## **Critical Illness**

### 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.
- ☐ Complete Critical Illness claim submission through My Aflac <https://mylogin.aflac.com/>

## **Hospital Indemnity**

### 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
- ☐ X-ray/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.
- ☐ Complete Hospital Indemnity claim submission through My Aflac <https://mylogin.aflac.com/>

## **Wellness/Health Screening Benefits**

- ☐ Date Health Screening Test was performed
- ☐ Health Screening Test performed
- ☐ Physician Information (Name, Address, Telephone Number)
- ☐ Complete Wellness/Health Screening claim submission through My Aflac <https://mylogin.aflac.com/> under the applicable line of coverage

## **Beneficiary's Statement**

### Supporting Documentation Needed:

- ☐ If the policy is payable to the estate or to the executors or administrators of the insured, the statement should be completed by the executor or administrator, a certified copy of whose appointment and qualifications must be furnished.
- ☐ If the policy is payable to a minor or a mentally incompetent person, a guardian should complete the statement, a certified copy of whose appointment and qualifications must be provided.
- ☐ If a minor is the beneficiary- A copy of the court order or other documents appointing the legal custodian or conservator of such minor child's property and/or estate. *(Please note: Legal custody does not qualify as custodianship or conservatorship over a child's property for these purposes.)*
- ☐ If the policy has been assigned, enclose a notarized copy of the assignment.
- ☐ If death was due to an injury, please send a copy of the police report, toxicology/BAC report and/or newspaper articles concerning the circumstances
- ☐ HIPAA Authorization (attached) - This form should be completed by the deceased's next of kin.
- ☐ Certified Death Certificate
- ☐ Complete the Beneficiary's Statement
- ☐ Submit the completed Beneficiaries Statement and supporting documentation by Mail or Fax:  
Continental American Insurance Company  
Post Office Box 84075  
Columbus, GA 31993

Fax – (866) 849-2970