



Critical Care Claims Checklist



Identify your policy

Policy number. Policyholder's name. Policyholder's date of birth. Policyholder's address.

What you need to file a claim

Patient's name and date of birth. Date of injury or illness. Type of services received and details.
Patient's relationship to policyholder. Details of diagnosis. Authorization to obtain information (AU).
(This allows Aflac to request additional documentation on your behalf.)

Proof of services *(Please obtain the supporting documents for the corresponding benefit.)*

Specified health event - Discharge summary or medical records with diagnosis.

Hospital or intensive care confinement - Discharge summary or medical records with diagnosis.

Ambulance - Ambulance bill or HCFA 1500.

Lodging - Itemized billing.

Surgery - Operative/surgical report.

Continuing care benefits - Operative/surgical report.

Transportation - MapQuest or address of the hospital or doctor's hospital with proof of services.

Recovery benefit (rider) - Office notes or billing. (Payable once a month.)

MyAflac® helpful tips:

My Claims



Follow your claim from start to finish and receive alerts if we need additional information through our integrated Claim Status Tracker.



My Coverage

Here you'll find a copy of your policy and benefit details to see what's covered and benefit amounts.



My Account

Enroll in direct deposit and receive claims benefits faster. Be sure to enroll at least 24 hours before filing a claim. Otherwise, we will mail you a check.

Aflac coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by Aflac New York.

This checklist is intended to assist policyholders when filing claims and does not constitute a guarantee of claims payments or act as an all-inclusive list.

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