Aflac Group - Online Filing Submissions Process

- www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx
- Video is available on the above website: “How to file claim online”
- Claims intake portal (for claim submission only)
  - ✓Wellness
  - ✓Accident
  - ✓Critical Illness
  - ✓Hospital Indemnity
- Claim status will continue to be available through contacting our Customer Service Center (1-800-433-3036)

Aflac Group Online Claims Filing

Select File Online

File a Claim Service Request Support FAQ

Search

Aflac Group Insurance Claim Forms

File a Wellness Benefit Claim

File an Accident Claim

File an Accident Claim Online

Simply select "File Online" below and follow the instructions.

File Online

File an Accident Claim via Fax or Mail

Please provide a date and complete description of your accident. You can provide this information in the designated space on the claim form.

If the accident resulted from the use of a motor vehicle(s), a copy of the police or accident report is required. If your injury occurred on the job, a first report of injury filed with your employer must be attached to the completed claim form.

If you were first treated in an emergency room, a copy of the hospital discharge papers is required to verify the first date of treatment, diagnosis, and procedure.

Please include all dates of treatment and charges incurred due to the accident.

Please date and sign all required forms where indicated.

Select Claim type

What type of claim would you like to file?

Wellness Claim

Accident Claim

Critical Illness Claim

Hospital Indemnity Claim

Explanation on needed documents provided per product:

Accident

ACCIDENT CLAIM

Before you begin, make sure these documents are ready to upload.

Required

- Itemized Bill from the Physician's Office (HCFA 1500)

If Applicable

- Itemized Bill from the Hospital or Medical Facility (UB04)
  Required only if there was a hospital stay
- Follow Up Visit-Receipts (with dates and charges)
  Required only if there were follow up visits or physical therapy
- Surgical Report
  Required only if the accident involved surgery
- Chart Note (with admission and discharge paperwork)
  Required only if there was a hospital stay
- Ambulance Bill
  Required only if there was emergency transport
- Appliance Receipt
  Required only if medical equipment was used (such as crutches, wheelchair, etc.)
- Major Diagnostic Exam Report of Billing
  Required only if diagnostic tests were performed (such as X-ray, CT Scan, MRI, MRA, EEG, etc.)
- Accident Report (i.e. police report)
  Required only if a motor vehicle accident occurred

BACK NEXT

Explanation on needed documents provided per product:

Critical Illness

CRITICAL ILLNESS CLAIM

Before you begin, make sure these documents are ready to upload.

Needed

- Attending Physician's Statement
  Before you proceed submitting your claim, please be aware in many cases a signed Attending Physician's Statement will be needed. Submitting your claim at this time without it could delay the processing of your claim. Before proceeding, we recommend downloading this form and having your Physician complete and sign it.
  Download form

If Applicable

- Chart Note (with admission and discharge paperwork)
  Required only if there was a hospital stay
- Pathologist Report
  Required only if diagnosed with a malignant condition (such as Cancer, Carcinoma in situ, Skin Cancer, etc.)
- Surgical Report
  Required only if the critical illness treatment involved surgery (such as Coronary Artery Bypass Surgery or other Heart Event, Major Organ Transplant, Bone Marrow
- Heart Attack; Sudden Cardiac Arrest Medical Reports
  Please include reports such as discharge summary, cardiology consult report, cardiac catheterization report,
- Stroke Medical Reports
  Please include reports such as Discharge summary, Initial diagnosis MRI and/or CT test reports, Follow-up MRI and/or CT test reports as proof of permanent neurological damage, Neurologist or therapist office notes, etc.
- Renal Failure Medical Reports
  Please include reports such as End Stage Renal Disease Medical Evidence Report, Proof of dialysis start date, Renal transplant operative report, etc.
- Health Care Provider Medical Documentation
  Please submit documentation indicating diagnosis and severity of such as Loss of sight, speech or hearing, Coma, Burns or Paralysis
- Itemized Bill from the Hospital or Medical Facility (UB04)
  Required only if there was a hospital stay

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Explanation on needed documents provided per product:

Hospital Indemnity

HOSPITAL INDEMNITY CLAIM

Before you begin, make sure these documents are ready to upload.

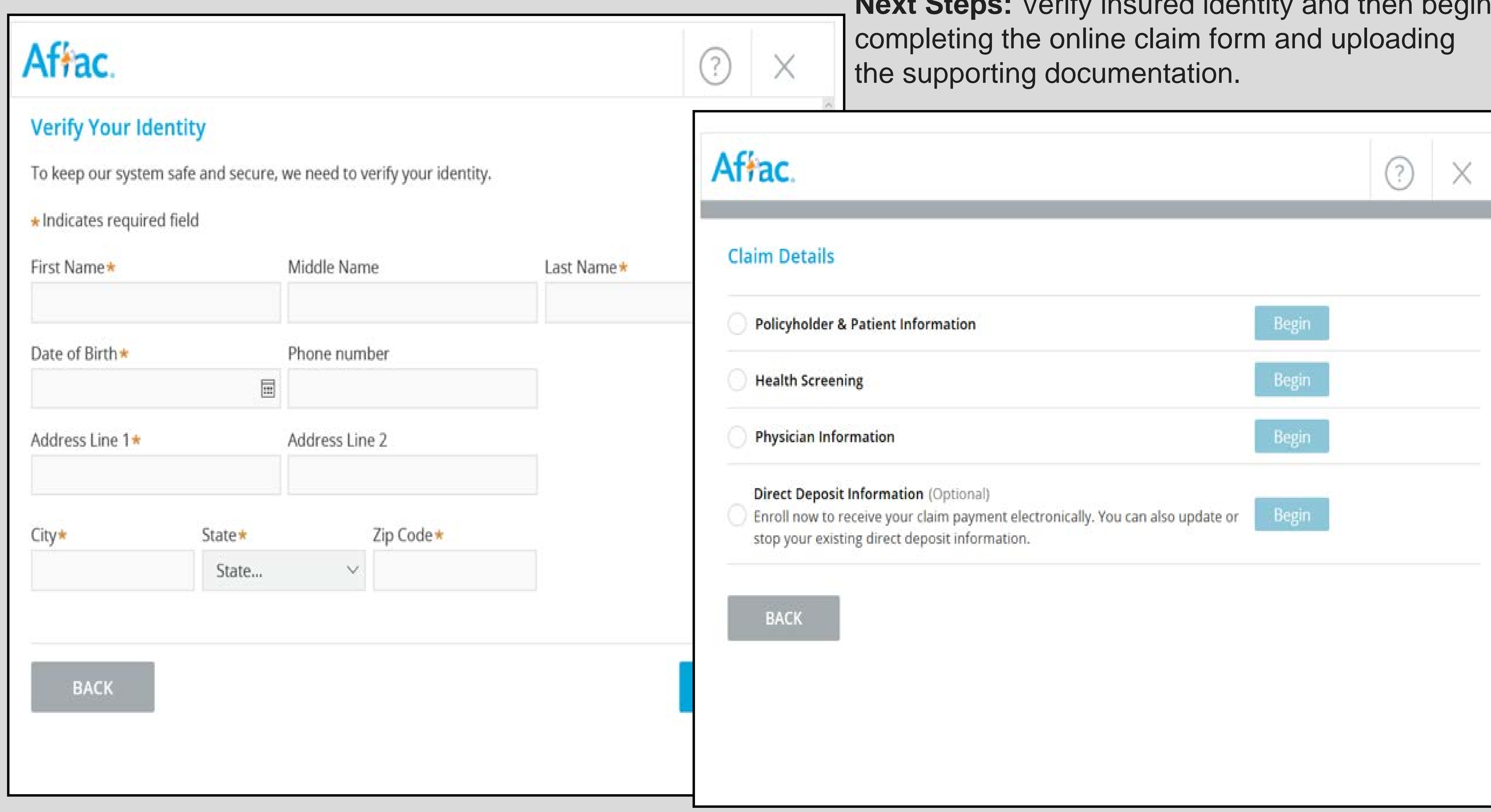
Required

- Itemized Bill from the Physician's Office (HCFA 1500)

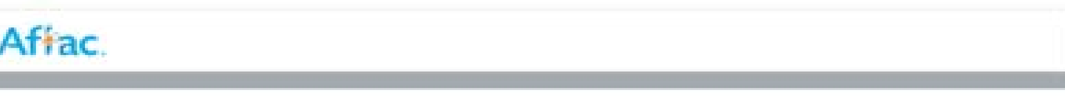
If Applicable

- Itemized Bill from the Hospital or Medical Facility (UB04)
  Required only if there was a hospital stay
- Chart Note (with admission and discharge paperwork)
  Required only if there was a hospital stay
- Surgical Report
  Required only if surgery took place
- Follow Up Visit-Receipts (with dates and charges)
  Required only if there were follow up visits or physical therapy
- Major Diagnostic Exam Report of Billing
  Required only if diagnostic tests were performed (such as X-ray, CT Scan, MRI, MRA, EEG, etc.)
- Accident Report (i.e. police report)
  Required only if a motor vehicle accident occurred
- Pathologist Report
  Required only if diagnosed with a malignant condition (such as Cancer, Carcinoma in situ, Skin Cancer, etc.)
- Pharmacy Receipts
  Required only if outpatient prescription drugs were prescribed
- Health Care Provider Medical Documentation
  Please submit documentation indicating diagnosis and severity of such as Loss of sight, speech or hearing, Coma, Burns or Paralysis
- Renal Failure Medical Reports
  Please include reports such as End Stage Renal Disease Medical Evidence Report, Proof of dialysis start date, Renal transplant operative report, etc.
- Stroke Medical Reports
  Please include reports such as Discharge summary, Initial diagnosis MRI and/or CT test reports, Follow-up MRI and/or CT test reports as proof of permanent neurological damage, Neurologist or therapist office notes, etc.

Next Steps: Verify insured identity and then begin completing the online claim form and uploading the supporting documentation.



Final Step: Review the claim information entered and sign and submit..



Review Your Claim

Please make sure all information is correct. To edit your claim, select the "Edit Claim" button.

Policyholder Information

Name	Contact Information	Address
John B Doe Born 1/1/1985	(555) 555-5555 johndoe@example.com	100 Yellow Brick Rd Kansas City KS 12345
Permanent Address Change?	**Social Security Number**	**Employer's Name**
Yes	***-**-6789	Bob's Tire Shop
Policy Number	**Employee ID**	
B1234567	BTS12345	

Patient Information

Name	Relationship to Policyholder
John B Doe Born 1/1/1985	Self

Health Screening

Screening Test	Date Of Screening
Annual Physical Exam	12/10/2018

Physician Information

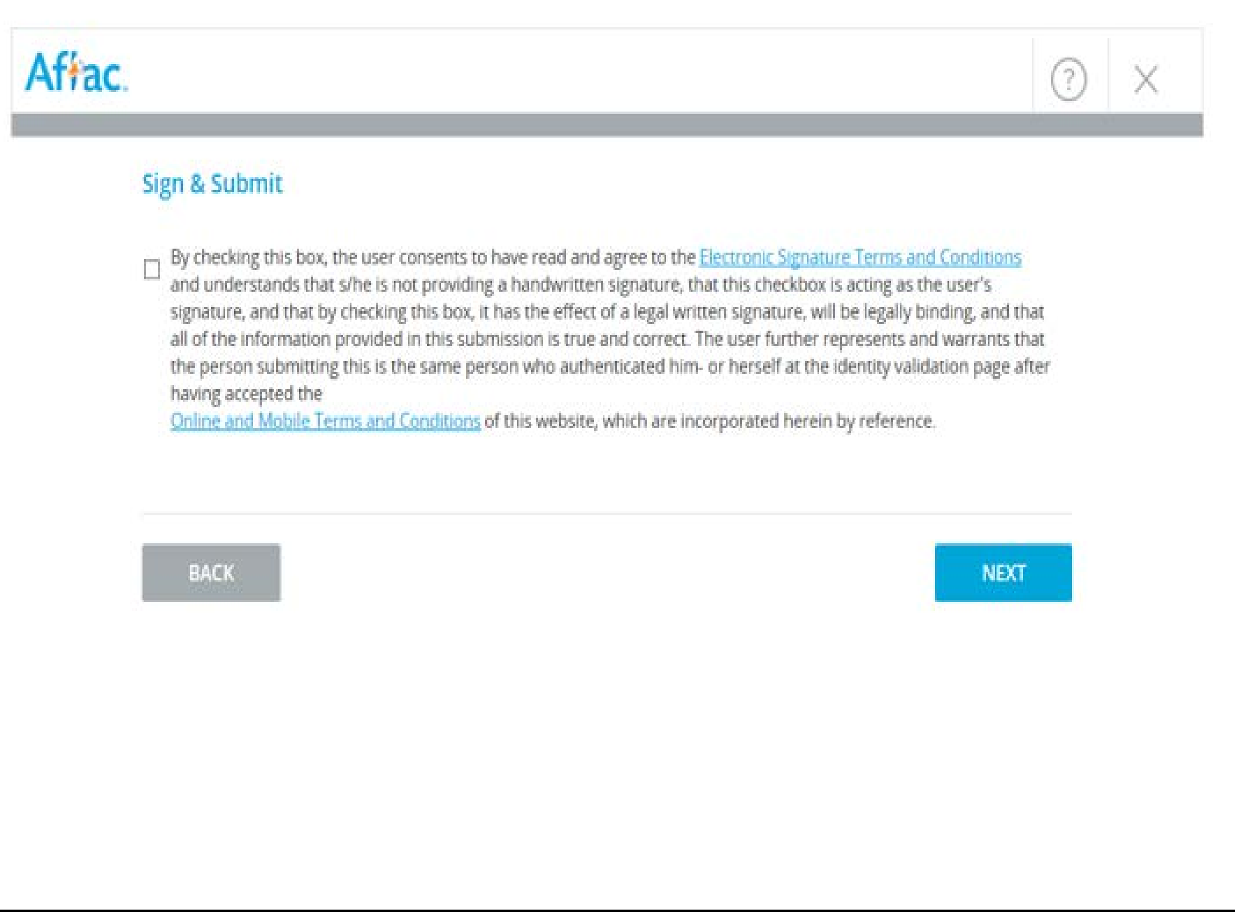
Physician's Name	Phone number	Address
Dr. Who	(987) 654-3210	100 Twilight Zone Rosewell NM 99999

Direct Deposit Information

Enroll in Direct Deposit

Account Type	9-Digit Routing Number	Account Number
Checking	123456789	****1111
Financial Institution	**Address**	**Phone number**
Bank of Aflac Group	1 Aflac Group Pkwy Columbia SC 12345	(123) 456-7890

EDIT CLAIM



Aflac.

Sign & Submit

☐ By checking this box, the user consents to have read and agree to the Electronic Signature Terms and Conditions and understands that s/he is not providing a handwritten signature, that this checkbox is acting as the user's signature, and that by checking this box, it has the effect of a legal written signature, will be legally binding, and that all of the information provided in this submission is true and correct. The user further represents and warrants that the person submitting this is the same person who authenticated him- or herself at the identity validation page after having accepted the
Online and Mobile Terms and Conditions of this website, which are incorporated herein by reference.

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