Cancer Claims Checklist

Identify your policy *(Please include at least three pieces of identifying information.)*

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

Definitions & acronyms

- HCFA 1500 (non-hospital bill).
- Itemized hospital bill (IHB).
- UB04 (itemized hospital bill).
- Authorization to obtain information (AU). *(This allows Aflac to request additional documentation on your behalf.)*
- Pathology report - Test results from specimen that diagnosed cancer.

What you need to file a claim

☐ Patient's name and date of birth.

☐ Patient's relationship to policyholder.

☐ Pathology report is required for all skin cancer claims and the initial claim for an internal cancer diagnosis.

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

☐ **Initial cancer diagnosis** (internal or skin).

- ☐ **Positive pathology report.**
- ☐ **MRI, CT scan or PET scan.** (If a pathological diagnosis of cancer cannot be made but cancer was diagnosed by a scan).

☐ **Hospital confinement.**

- ☐ **Itemized hospital bill** (IHB with diagnosis/UB04).
- ☐ **Discharge summary.** (To include the type of room and level of care.)
- ☐ **Admission/discharge date and time.** (Must be included.)

☐ **Radiation, chemotherapy, immunotherapy.**

- ☐ **IHB/UB04/HCFA-1500.**
- ☐ **For oral chemotherapy, pump/self-injected medication.** (Regimen is required for initial treatment for each drug.)
- ☐ **Protocol verification** (and dual-action drugs).
- ☐ **Pharmacy statement/receipts/medical prescription.**

☐ **Second surgical opinion.**

- ☐ **Consultation report.**
- ☐ **Physician/office notes.**
- ☐ **Hospital consultation notes.**

☐ **Surgery.** (Name, procedure description and/or code.)

- ☐ **Operative/surgical report.**
- ☐ **Pathology report.**
- ☐ **HCFA 1500/UB04.**
- ☐ **Physician/office notes.**
- ☐ **Hospital reports.**
- ☐ **Surgeon billing.**

☐ **Transportation and/or lodging.**

- ☐ **Proof of mileage.** (Navigation apps such as Google Maps, Apple Maps, Waze, etc.)
- ☐ **Lodging receipts.**
- ☐ **Corresponding medical documents for covered treatment dates.**

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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