Hospital Indemnity 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.

What you need to file a claim

- ☐ Patient's name and date of birth.
- ☐ Patient's relationship to policyholder.
- ☐ Date of injury or when symptoms first occurred.
- ☐ Physician's name, address and phone/fax number.

Definitions & acronyms

- Emergency room (ER).
- Itemized hospital bill (IHB).
- UB04 (itemized hospital bill).
- HCFA 1500 (non-hospital bill).
- Operative report (surgical report).
- 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.)*

- ☐ **ER visit.**
  - ☐ **ER report.**
  - ☐ **Laceration** - Must include length of laceration.
- ☐ **Physician's visit benefit.**
  - ☐ **Physician office notes.**
  - ☐ **Medical records.**
- ☐ **Ambulance** - Only need one from below.
  - ☐ **Ambulance bill.**
  - ☐ **Discharge summary.**
  - ☐ **IHB** - Indicating ambulance drop off.
- ☐ **Surgery.**
  - ☐ **Operative report** - Must include the type of procedure or procedure code.
- ☐ **Hospital confinement/short stay benefit.**
  - ☐ **IHB or UB04.**
  - ☐ **Date and time** of admission and discharge.
- ☐ **Medical diagnostic imaging.**
  - ☐ **Scan/image report.**
- ☐ **Pregnancy** - Must indicate type of delivery.
  - ☐ **IHB or UB04.**
  - ☐ **Discharge summary.**

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 Account

Enroll in direct deposit and receive eligible 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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