



Instructions for Filing Claims

1. Select the type of Claim you are filing.
2. Select Claim Form:
 - Home Health Care Claim Form (Form H-C0020)
 - Long-Term Care Claim Form (Form A-14284)
3. Complete Section A: Patient/Policyholder Information. Be sure to include your policy number(s) on all documents.
4. Have your doctor complete Section B: Physician's Statement.
5. Be sure to sign your claim form at the bottom of Page 2.
6. Please follow additional instructions under the type of claim below:

**You may fax your completed claim forms to our toll-free fax number 1-877-44-Aflac (1-877-442-3522)
Or mail to: Aflac Attention: Claims Dept., Worldwide Headquarters: 1932 Wynnton Road, Columbus, GA 31999
For information, visit our web site at www.aflac.com or call toll-free 1-800-99-Aflac (1-800-992-3522)**

Specific types of claims require additional documentation:

- **PERSONAL SICKNESS INDEMNITY**
 - Complete and sign the Physician Visit Benefit letter. Benefit letters are sent with the original policy or with the Explanation of Benefits. You also can obtain one by calling **1-800-99-Aflac (1-800-992-3522)**.
 - Claims for other benefits payable under this policy may be filed using form S2029. This form may be obtained by visiting our web site at www.aflac.com or by calling toll-free 1-800-99-Aflac (1-800-992-3522).
 - Send us a copy of your hospital bill that lists the number of days confined.
- **SPECIFIED HEALTH EVENT**
 - Send us a copy of your hospital bill that lists the number of days confined.
 - We require a copy of the police accident report for all motor vehicle accident claims and other incidents investigated by any law enforcement agency.
 - Submit any other bills pertaining to the claim, such as physical therapy, rehabilitation, home health care, speech therapy, and ambulance.
- **HOME HEALTH CARE / ADULT DAY CARE**
 - Complete Part 1 and sign the Authorization to Release Information (Form H-C0020).
 - Have Part 2 completed by your doctor.
 - Have Part 3 completed by the home health care / adult day-care provider, and attach an itemized bill showing the dates, type of services, and charges incurred.
- **LONG-TERM CARE/CONVALESCENT CARE**
 - Complete Part 1 of the Long-Term/Convalescent Care Claim Form and sign the Authorization to Release Information (Form A-14284).
 - Have Part 2 completed by your doctor.
 - Have Part 3 completed by the director of nursing at the long-term care facility.
 - Attach a bill from the long-term care facility showing the dates of admission and discharge and charges incurred.
- **MEDICARE SUPPLEMENT**
 - Medicare now files claims electronically. Contact your provider for information about participation in this program.
 - Send us a copy of your Explanation of Medicare Benefits form (EOMB).
 - When filing for Medicare Part A, please send the Explanation of Medicare Benefits form (EOMB) along with the UB92.

If benefits are assigned to a provider, Medicaid or the State, it is possible you will not receive a claim payment.

Please review and sign the attached authorization. Two copies are attached: return one copy to Aflac and keep one for your records. By returning the signed authorization with your claim, you will help us process your claim as quickly and efficiently as possible.

American Family Life Assurance Company of Columbus (Aflac)
Attention: Claims Department
Worldwide Headquarters: 1932 Wynnton Road, Columbus, GA 31999
For information or help filing your claim, please call toll-free 1-800-99-Aflac (1-800-992-3522) or visit our Web site at www.aflac.com
Toll-free fax number 1-877-44-Aflac (1-877-442-3522)