

Accident/Hospital Indemnity Wellness Benefit Claim Form

Policy Number:

All Fields are required.

Policyholder Information:

Last Name Suffix First Name MI

Date of Birth (mm/dd/yy) / / Telephone Number where we can reach you - -

Home Address

City State Zip Code

Check box if this is permanent address change.

Patient Information:

Last Name First Name Date of Birth (mm/dd/yy) / /

Sex: Male Female

Relationship: Primary Policyholder Spouse Dependent Child

Treatment and Physician Information

Treatment Date: M M D D Y Y Y Y

Mammogram Date: M M D D Y Y Y Y

Pap Smear Date: M M D D Y Y Y Y

- | | | |
|---|--|---|
| <input type="checkbox"/> Annual Physical | <input type="checkbox"/> Blood Screening | <input type="checkbox"/> Dental Exam |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Flexible Sigmoidoscopy |
| <input type="checkbox"/> PSA (blood test for prostate cancer) | <input type="checkbox"/> Eye Exam | |
| <input type="checkbox"/> Pap Smear | <input type="checkbox"/> Mammogram | |

Physician's Phone Number: - -

Physician's Name

Physician's Street Address

Physician's City State: Zip:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

The Provider listed above is authorized to validate the information I have provided.

POLICYHOLDER/PATIENT SIGNATURE

FAMILY RELATIONSHIP, IF NOT POLICYHOLDER

DATE

CW061999

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American Family Life Assurance Company of Columbus (Aflac)
ATTN: Claims Department • 1932 Wynnton Road • Columbus, GA 31999
For information, call 1-800-99-AFLAC (1-800-992-3522) or visit aflac.com
To check claim status Aflac's Interactive Voice Response is available 24/7 at 1-877-353-9487 or visit aflac.com/smartclaim.
Claims may be faxed to 1-877-44-AFLAC (1-877-442-3522)