CANCER 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 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

- ☐ Breast MRI
- ☐ Chest X-ray
- ☐ Colonoscopy/Virtual Colonoscopy
- ☐ Flexible Sigmoidoscopy
- ☐ Pap Smear/Pap Smear - ThinPrep
- ☐ HPV Screening
- ☐ Testicular Ultrasound
- ☐ Hemocult Stool Specimen
- ☐ CEA (blood test for colon cancer)
- ☐ CA 125 (blood test for ovarian cancer)
- ☐ Mammogram
- ☐ Cervical Cancer Screening
- ☐ CA153
- ☐ Thermography
- ☐ PSA (blood test for prostate cancer)
- ☐ Breast ultrasound/Breast sonogram
- ☐ Biopsy
- ☐ Cancer Prevention Vaccine

Actual Cost of 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

American Family Life Assurance Company of Columbus (Aflac)
ATTN: Claims Department • 1932 Wynnton Road • Columbus, GA 31999
For information or to check claim status, visit aflac.com or call 1-800-99-AFLAC (1-800-992-3522)
Claims may be faxed to 1-877-44-AFLAC (1-877-442-3522)