

# Dental Claims Checklist

## Have this information handy to identify your policy:

Policy number

Policyholder's name and date of birth

Policyholder's address

## Here's a list of common items you will need to file a claim:

Patient's name and date of birth

Patient's relationship to policyholder

Ask your dentist to provide a completed ADA form.\*

Include Aflac's payer number: 58066

*\*All claims must be submitted on a typed ADA form.*

## How to file a claim:

**Fax:** 1.877.44.AFLAC (1.877.442.3522)

**Mail:** Aflac, Attention: Claims Department

1932 Wynnton Road, Columbus GA 31999

## Helpful tips: Register on [aflac.com/myaflac](https://aflac.com/myaflac) so you can:



### Log in to MyAflac [here](#).

You will need your policy number handy to register.



### View benefit details

Here you'll find a copy of your policy to see what's covered and benefit amounts.



### Sign up for direct deposit and receive benefits faster

Be sure to register at least 24 hours before filing a claim.



This checklist is intended to assist policyholders when filing claims and does not constitute a guarantee of claims payments. Documentation requirements vary by type of claim; please review requirements for your claim(s) carefully. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required.

Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York.