PHYSICIAN'S VISIT BENEFIT CLAIM FORM

If you are interested in filing your claim online, register using aflac.com/smartclaim.

- ➢ **Benefits of filing your claim online include faster claim processing time and receiving claim communications by email.**

Your policy pays a Physician's Visit Benefit for services rendered under the supervision of a physician, after the effective date of your policy. Please refer to your policy to verify your eligibility for this benefit.

- Failure to complete all sections may result in a delay in processing this claim.
- Submit only one treatment date per claim form.
- Do not attach receipts, statements or other claim documentation to this form.
- Please sign, date and mail/fax the completed form to the Aflac address/fax number shown below.
- Please use black or blue ink only and print legibly when completing this form in its entirety.

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

Date of Physician's Visit: M M D D Y Y Y Y

*Please submit only one date per form.

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)