

# How to File an Aflac Claim

Go to Aflac website:

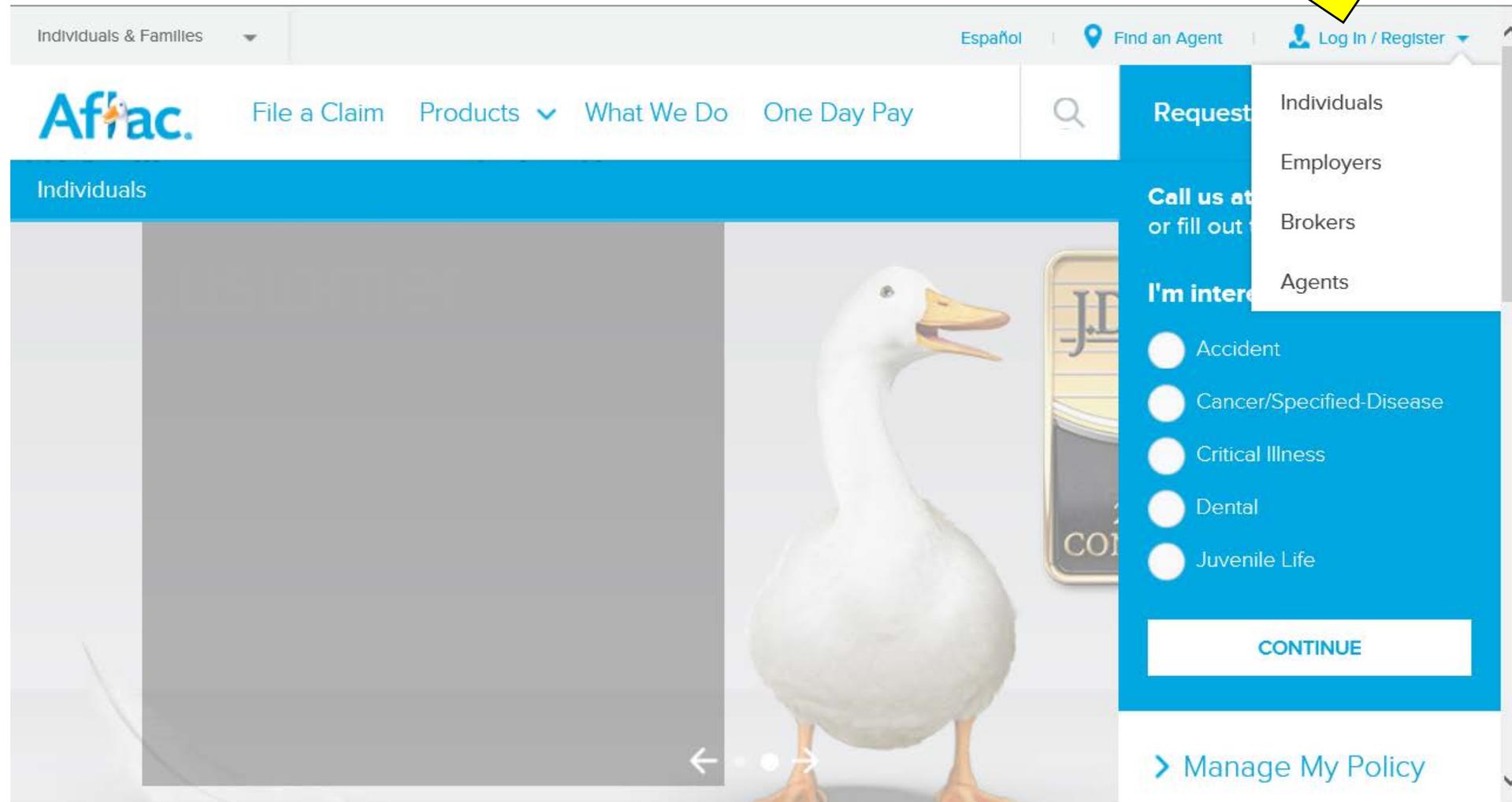
[www.Aflac.com](http://www.Aflac.com)

Click: Log In/Register

From the drop down list click: Individuals

If you have already registered, enter your user name and password.

For new registration follow instructions on next screen.



The screenshot shows the Aflac website interface. At the top right, there is a 'Log In / Register' dropdown menu. A yellow arrow points to this menu. The dropdown menu is open, showing options: 'Individuals', 'Employers', 'Brokers', and 'Agents'. The 'Individuals' option is selected. Below the dropdown menu, there is a 'Request' section with a 'Call us at' or 'fill out' button. Below that, there is an 'I'm interested in' section with radio buttons for 'Accident', 'Cancer/Specified-Disease', 'Critical Illness', 'Dental', and 'Juvenile Life'. A 'CONTINUE' button is located below these options. At the bottom right, there is a 'Manage My Policy' link. The main content area features a large image of a white duck, the Aflac logo, and navigation links like 'File a Claim', 'Products', 'What We Do', and 'One Day Pay'. The top navigation bar includes 'Español', 'Find an Agent', and 'Log In / Register'.

# Type in any one of your Aflac policy numbers

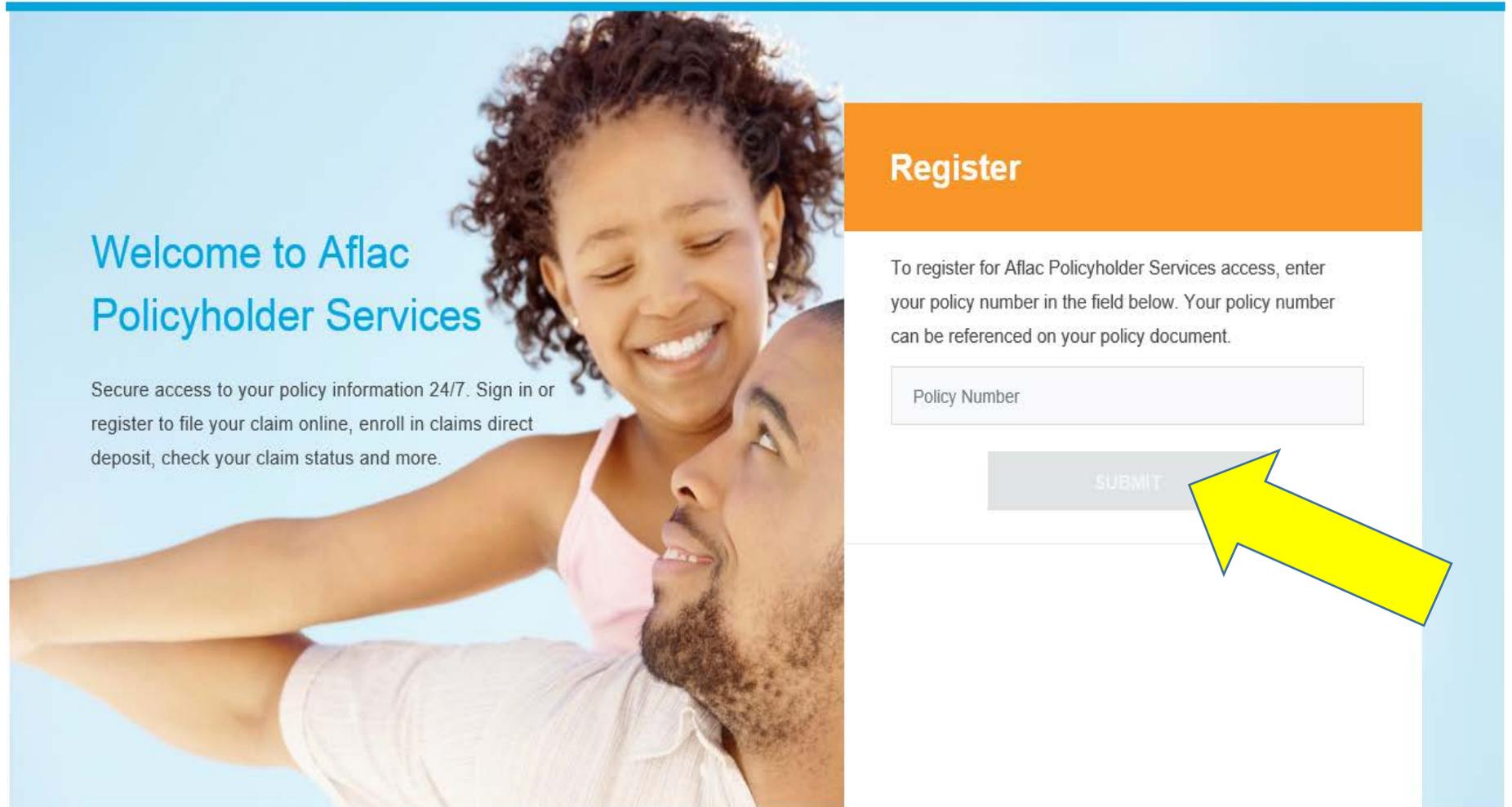


Three ways to get your policy number.

1. Policy number is located on your policy.

2. Call Aflac at 800-992-3522 .

3. Contact Cobb County Aflac agents Pat Cromer at 404-610-0179 or Lisa Cord at 678-462-2929.

A screenshot of the Aflac Policyholder Services registration page. The page features a background image of a smiling woman with curly hair and a man looking up. On the left, the text reads "Welcome to Aflac Policyholder Services" and "Secure access to your policy information 24/7. Sign in or register to file your claim online, enroll in claims direct deposit, check your claim status and more." On the right, there is a registration form with an orange header "Register". Below the header, it says "To register for Aflac Policyholder Services access, enter your policy number in the field below. Your policy number can be referenced on your policy document." There is a text input field labeled "Policy Number" and a grey "SUBMIT" button. A large yellow arrow points to the "SUBMIT" button.

## Register

To register for Aflac Policyholder Services access, enter your policy number in the field below. Your policy number can be referenced on your policy document.

Policy Number

SUBMIT

Once registered, the home page will list the policies you have.

Below the policy list is information about starting the claim process.

Most claims can be filed online and don't need a paper claim form such as Cancer, Accident, and Wellness.

Claims for short term disability require a physicians statement as well as an employer statement, so you should download and print a claim form.

In either situation, click "Start a SmartClaim".



# Starting the Claim

There are two ways to submit claims:

1. Scan and upload all required documentation directly through the claim portal. (One Day Pay) You have the option of providing banking information to receive your payment faster through direct deposit.
2. Fax or mail the required documentation. Direct deposit is not available for this option.

[Policyholder Home](#) | [Contact Us](#)  
[Message Center](#) | [Glossary](#)  
[Log Out](#) | [How To Read My Policy](#)

Welcome, LISA CORD Last Accessed: July 18, 2016  
[< Return to Home](#)

My Policies  
My Claims  
My Service History  
My Personal Info  
Direct Deposit  
Aflac Always

## Submit a Claim

Welcome

Select Patient | Select Claim Type | Date Selection | Claim Details | Verify Submission | Acknowledge | Finish

Welcome to the Aflac SmartClaim online claim filing process.

### Let's Get Started

Completing the claims process is fast and easy. To avoid delays, here's what you need to do:

- Validate your address in the "My Personal Info" section
- Make sure you have all the details regarding your claim available
- Answer a series of questions regarding the services
- Select one of our fast, convenient ways to complete your claim.

1. **One Day Pay<sup>SM</sup>** – You can submit a claim via SmartClaim, by electronically uploading all your required documentation, Monday through Friday by 3 p.m. EST. These claims will then be processed within one business day. One Day Pay<sup>SM</sup> does not apply to documentation that was mailed or faxed. Take advantage of the full speed of One Day Pay<sup>SM</sup> by signing up for direct deposit.
2. **Fax or Mail** – You can begin a claim via SmartClaim and send all your supporting documentation to finish it by Fax or mail. Your claim will get processed and paid, usually, in about four days from the time we receive your information.

Either way you choose, Aflac will review your online submission under all of your policies. That means you'll only have to submit your claim once for all your policies with us.

Okay, let's go. Just click 'Next' and you'll be on your way.

[NEXT](#) > [CANCEL](#)

# Select the Patient

Who is the claim for?

Select the covered members name.

Click "Next"

**Aflac.** [message center](#) [Log Out](#) [How To Read My Policy](#)

My Policies **Welcome,** [< Return to Home](#) **Last Accessed:** July 18, 2016

My Claims

My Service History

My Personal Info

Direct Deposit

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## Submit a Claim

Welcome | **Select Patient** | Select Claim Type | Date Selection | Claim Details | Verify Submission | Acknowledge | Finish

Tell us which person covered by your policy that you are filing a claim for. You can only select one patient at a time.

Lisa

Richard

Other

Use Previous to return to a previous screen. If the Back button is used, any information entered may be lost and you will be redirected to the login page.

[< PREVIOUS](#) [NEXT >](#) [CANCEL](#)

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[My Policies](#)

[My Claims](#)

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[Aflac Always](#)

Welcome,

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**Last Accessed:** July 18, 2016

# Submit a Claim

Progress bar with steps: Welcome (active), Select Patient, Select Claim Type, Date Selection, Claim Details, Verify Submission, Acknowledge, Finish.

Tell us which person covered by your policy that you are filing a claim for. You can only select one patient at a time.

Lisa



FIRST NAME: LISA  
MIDDLE INITIAL:  
LAST NAME: [REDACTED]  
SUFFIX:  
DOB: [REDACTED]  
GENDER: F

Richard

Other

Use Previous to return to a previous screen. If the Back button is used, any information entered may be lost and you will be redirected to the login page.

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After selecting the patients name, a confirmation of the selected patient appears.

Verify the information and click "Next".

# Type of Claim

Continue to answer any questions pertaining to that claim.

When complete click "Next".



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My Policies **Welcome,** **Last Accessed:** July 18, 2016  
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My Claims **Submit a Claim**

My Service History

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Affac Always

Welcome Select Patient **Select Claim Type** Date Selection Claim Details Verify Submission Acknowledge Finish

Select the best statement that describes why you are filing a claim.

An accident that happened to me or someone covered by my policy.

**What did the accident involve?**

Health-related services provided as a result of an accidental injury.

Routine and Preventive Care.

My reason is not listed. Please provide me with additional claim form choices.

Use Previous to return to a previous screen. If the Back button is used, any information entered may be lost and you will be redirected to the login page.

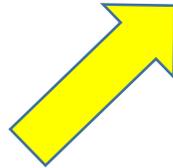
[< PREVIOUS](#) **NEXT >** [CANCEL](#)

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Continue to answer any questions pertaining to that claim.

When complete click "Next".



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Welcome,  
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**Last Accessed:** July 18, 2016

# Submit a Claim

Welcome | Select Patient | Select Claim Type | Date Selection | Claim Details | Verify Submission | Acknowledge | Finish

**Date of Accident?**  
[ ] [ ] [ ]

**Is this the patient's first claim for this condition?**  
 Yes  No

Use Previous to return to a previous screen. If the Back button is used, any information entered may be lost and you will be redirected to the login page.

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- [My Claims](#)
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- [Aflac Always](#)

Welcome  
[Return to Home](#)

## Submit a Claim

Welcome | Select Patient | Select Claim Type | Date Selection | Claim Details | Verify Submission | Accepted | Medged | Finish

Please answer the following question(s) for the service(s) that have already been rendered and also judged in the current claim you are filing.

What was the first date of service for this claim?

MM | DD | YYYY

Was this a motor vehicle accident in which the patient was the driver?

Yes  No

Was the accident on the job?

Yes  No

Accident Details (include nature of accident and injuries sustained)

[Spell Check](#)

Was the patient transported to a medical facility by air or ground ambulance?

Yes  No

Was the patient confined to a hospital for this condition?

Yes  No

Was the patient prescribed anything to help him or her walk or move around, such as crutches, a brace, a wheelchair, or another device?

Yes  No

Was surgery performed as a result of this condition?

Yes  No

Did the patient receive physical therapy from a licensed physical therapist for an injury sustained in this accident?

Yes  No

Did the patient require and receive any follow-up treatment from a physician for this condition?

Yes  No

Use Previous to return to a previous screen. If the Back button is used, any information entered may be lost and you will be redirected to the login page.

< PREVIOUS | NEXT > | CANCEL

Continue to answer any questions pertaining to that claim.

When complete click "Next".



After completing questions about the claim, a confirmation of information screen will appear.

Review that all information is correct. If you need to change an answer click “Previous”.

After verifying information is correct, click “Next”.

My Service History    **Submit a Claim**

My Personal Info

Direct Deposit

Atac Always

Welcome    Select Patient    Select Claim Type    Date Selection    Claim Details    **Verify Submission**    Acknowledge    Finish

Is the information below correct? If not, click the Previous button below to go back and change answers.

Policyholder:  
Name: Lisa  
DOB: .

Patient:  
Name: Lisa  
DOB: .  
Relationship: Insured

Event Information:  
Date of Accident?

Is this the patient's first claim for this condition?

What was the first date of service for this claim?

Was this a motor vehicle accident in which the patient was the driver?

Was the accident on the job?

Accident Details (include nature of accident and injuries sustained)

Was the patient transported to a medical facility by air or ground ambulance?

Was the patient confined to a hospital for this condition?

Was the patient confined to an intensive care unit (ICU)?

Was the patient confined to a rehabilitation unit or facility?

What distance was the patient required to travel to the facility where confined?

Was the patient prescribed anything to help him or her walk or move around, such as crutches, a brace, a wheelchair, or another device?

Was surgery performed as a result of this condition?

Did the patient receive physical therapy from a licensed physical therapist for an injury sustained in this accident?

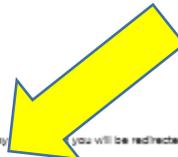
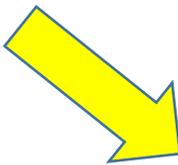
Did the patient require and receive any follow-up treatment from a physician for this condition?

Address Information:

E-Mail:

Use Previous to return to a previous screen. If the Back button is used, any information entered may be lost and you will be redirected to the login page.

< PREVIOUS    **NEXT** >    CANCEL



# Acknowledgement

Read the acknowledgement statement and electronically sign the form by typing your name in the “Name” box.

Click “Accept”.

**Aflac.** Policyholder Home | Contact Us  
Message Center | Glossary  
Log Out | How To Read My Policy

Welcome, **Last Accessed:** July 18, 2016  
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My Policies  
My Claims  
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## Submit a Claim

Welcome → Select Patient → Select Claim Type → Date Selection → Claim Details → Verify Submission → **Acknowledge** → Finish

Thank you for completing these steps. You are almost finished.

I accept and understand that in order for Aflac to process my claim, I will need to:

- Electronically sign my claim form below
- Print and Submit this form
- Submit all supporting documentation requested to Aflac.

Completion of this process does not guarantee coverage. Payment of benefits will be determined upon receipt of the claim documentation and in accordance with policy provisions.  
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.

I certify that the information provided is true and correct:  
Type name as it should appear on the signature line of the claim form

Name

[CANCEL](#) **ACCEPT** >

Use Previous to return to a previous screen. If the Back button is used, any information entered may be lost and you will be redirected to the login page.

< PREVIOUS    NEXT >    [CANCEL](#)

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# Finish

What types of documents are needed to file a claim?

Smartclaim will guide you on the types of documents you need based on your previous answers.

You will always need information that provides: Diagnosis and procedure codes as well as the date of service and physician or facility name and address.

Submit everything related to the claim; ambulance, hospital, surgery, Xrays, follow up visits, etc. More information is better.

## 4 - Uploading Documents



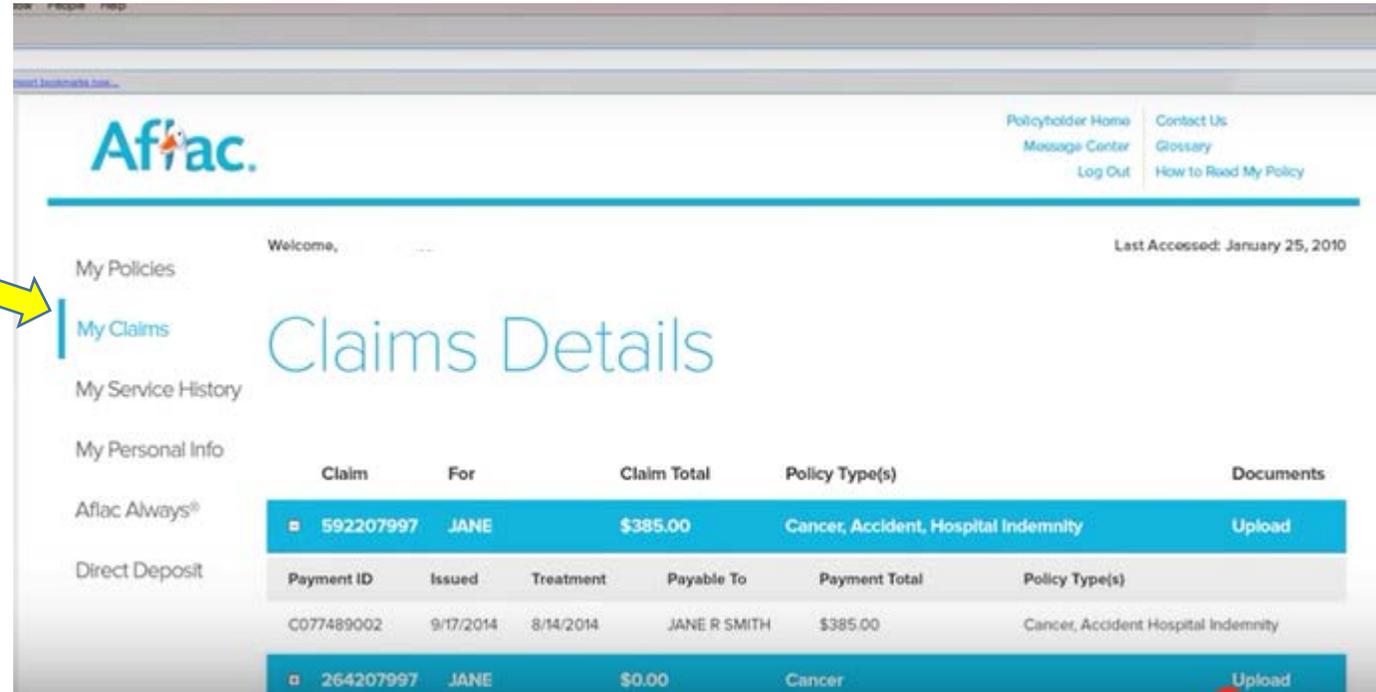
- Upload .JPG or .PDF files 6MB or less
- Combined file size of all files uploaded is limited to 60MB or less
- Gray scale or black and white documents are recommended to ensure documents are legible
- Do not upload any documents or images unrelated to the claim

You can start the claim process before you have the documentation available.

Click “My Claims” and find your current claim. Click the claim line and follow instructions on uploading or faxing/ mailing required documents.

“My Claims” will also show paid claims.

# Continuing the claim process



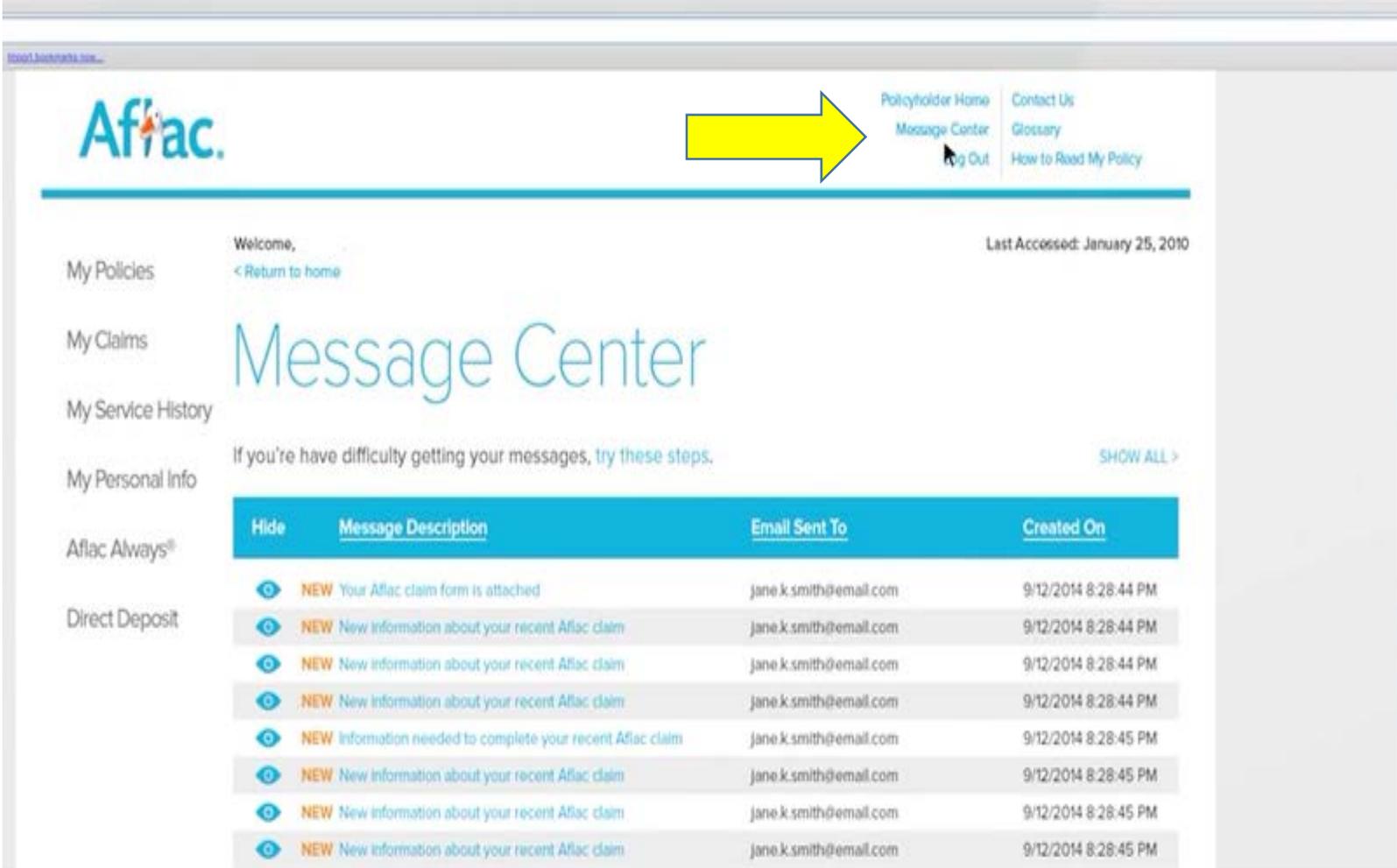
The screenshot shows the Aflac website interface. The top navigation bar includes links for 'Policyholder Home', 'Message Center', 'Log Out', 'Contact Us', 'Glossary', and 'How to Read My Policy'. The main content area is titled 'Claims Details' and features a table of claims. A yellow arrow points to the 'My Claims' link in the left sidebar.

Claim	For	Claim Total	Policy Type(s)	Documents	
592207997	JANE	\$385.00	Cancer, Accident, Hospital Indemnity	Upload	
<b>Payment ID</b> <b>Issued</b> <b>Treatment</b> <b>Payable To</b> <b>Payment Total</b> <b>Policy Type(s)</b>					
C077489002	9/17/2014	8/14/2014	JANE R SMITH	\$385.00	Cancer, Accident Hospital Indemnity
264207997	JANE	\$0.00	Cancer	Upload	

# Tracking your claim process

After logging into Aflac, click “Message Center” to view messages regarding your claim process.

If additional documentation is needed, you will be instructed as to what type(s) of information is needed.



The screenshot shows the Aflac website's Message Center. A yellow arrow points to the 'Message Center' link in the top navigation bar. The page displays a list of messages with the following columns: Hide, Message Description, Email Sent To, and Created On.

Hide	Message Description	Email Sent To	Created On
<input type="checkbox"/>	<b>NEW</b> Your Aflac claim form is attached	jane.k.smith@email.com	9/12/2014 8:28:44 PM
<input type="checkbox"/>	<b>NEW</b> New information about your recent Aflac claim	jane.k.smith@email.com	9/12/2014 8:28:44 PM
<input type="checkbox"/>	<b>NEW</b> New information about your recent Aflac claim	jane.k.smith@email.com	9/12/2014 8:28:44 PM
<input type="checkbox"/>	<b>NEW</b> New information about your recent Aflac claim	jane.k.smith@email.com	9/12/2014 8:28:44 PM
<input type="checkbox"/>	<b>NEW</b> Information needed to complete your recent Aflac claim	jane.k.smith@email.com	9/12/2014 8:28:45 PM
<input type="checkbox"/>	<b>NEW</b> New information about your recent Aflac claim	jane.k.smith@email.com	9/12/2014 8:28:45 PM
<input type="checkbox"/>	<b>NEW</b> New information about your recent Aflac claim	jane.k.smith@email.com	9/12/2014 8:28:45 PM
<input type="checkbox"/>	<b>NEW</b> New information about your recent Aflac claim	jane.k.smith@email.com	9/12/2014 8:28:45 PM