

# Cancer Claims Checklist



## Identify your policy *(Please include at least three pieces of identifying information.)*

Policy number.

Policyholder's name.

Policyholder's date of birth.

Policyholder's address.

## Definitions & acronyms

- HCFA 1500 (non-hospital bill).
- Itemized hospital bill (IHB).
- UB04 (itemized hospital bill).
- Authorization to obtain information (AU).  
*(This allows Aflac to request additional documentation on your behalf.)*
- Pathology report - Test results from specimen that diagnosed cancer.

## What you need to file a claim

Patient's name and date of birth.

Patient's relationship to policyholder.

Pathology report is required for all skin cancer claims and the initial claim for an internal cancer diagnosis.

## Proof of services *(Please obtain the supporting documents for the corresponding benefit.)*

### Initial cancer diagnosis (internal or skin).

#### Positive pathology report.

**MRI, CT scan or PET scan.** (If a pathological diagnosis of cancer cannot be made but cancer was diagnosed by a scan).

### Hospital confinement.

**Itemized hospital bill** (IHB with diagnosis/UB04).

**Discharge summary.**  
(To include the type of room and level of care.)

**Admission/discharge date and time.**  
(Must be included.)

### Radiation, chemotherapy, immunotherapy.

**IHB/UB04/HCFA-1500.**

**For oral chemotherapy, pump/self-injected medication.** (Regimen is required for initial treatment for each drug.)

**Protocol verification** (and dual-action drugs).

**Pharmacy statement/receipts/medical prescription.**

### Second surgical opinion.

#### Consultation report.

#### Physician/office notes.

#### Hospital consultation notes.

**Surgery.** (name, procedure description and/or code.)

#### Operative/surgical report.

#### Pathology report.

#### HCFA 1500/UB04.

#### Physician/office notes.

#### Hospital reports.

#### Surgeon billing.

### Transportation and/or lodging.

**Proof of mileage.** (Navigation apps such as Google Maps, Apple Maps, Waze, etc.)

#### Lodging receipts.

**Corresponding medical documents for covered treatment dates.**