



Aflac Network Dental Claims Checklist

For provider paid claims:

- Complete ADA Claim Form utilizing a 2019 or newer version
- Please include all applicable supporting documentation for the corresponding procedures

May be submitted using any of our 3 claim submission methods below:

Electronic claims:

Payor ID: **AFLAC**

Paper Claims:

AFLAC CLAIMS
PO BOX 2015
MILWAUKEE WI 53201

Provider Portal: [SKYGEN DENTAL HUB](#)

Additional resources:

AFLAC CLAIMS REPROCESSING
PO BOX 1155
MILWAUKEE WI 53201

AFLAC PREDETERMINATIONS
PO BOX 2015
MILWAUKEE WI 53201

AFLAC APPEALS
PO BOX 1246
MILWAUKEE WI 53201

For member paid claims:

Providers may submit a member paid claim by using the ADA Claim Form (2019 or newer version) and leaving box 37 blank or assigning benefits to the member when submitting electronically.

Members may complete a Member Reimbursement Form for Dental Services [aflac-member-reimbursement-form.pdf](#), and mail to:

AFLAC PAY MEMBER CLAIMS
PO BOX 45
MILWAUKEE WI 53201

For additional inquiries, please contact our Customer Care Center at 1-855-819-1873.