Vision 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.

What you need to file a claim

☐ Patient’s name and date of birth.  ☐ Date and description of injury.  ☐ Date symptoms first occurred.

☐ Patient’s relationship to policyholder.  ☐ Location of the injury.  ☐ Date of first treatment.

Definitions & acronyms

- UB04 (itemized hospital bill).
- HCFA 1500 (non-hospital bill).
- Authorization to obtain information (AU).  *(This allows Aflac to request additional documentation on your behalf.)*

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

☐ Physician office notes or receipt.
   ☐ Eye exam.
   ☐ Vision correction.
   ☐ Visual impairment - Office notes/medical documentation showing level of impairment.

☐ Surgery - Operative/surgical report.

☐ Specific eye disease/disorder - Physician office notes, scan report or test results showing diagnosis.
   ☐ Macular degeneration.
   ☐ Retinal detachment.
   ☐ Proliferative diabetic retinopathy.
   ☐ Retinitis pigmentosa.
   ☐ Glaucoma (excluding preglaucoma and/or borderline glaucoma).

MyAflac® helpful tips:

**My Claims**
Follow your claim from start to finish and receive alerts if we need additional information through our integrated Claim Status Tracker.

**My Coverage**
Here you’ll find a copy of your policy and benefit details to see what's covered and benefit amounts.

**My Account**
Enroll in direct deposit and receive claims benefits faster. Be sure to enroll at least 24 hours before filing a claim. Otherwise, we will mail you a check.