



Aflac Benefit Services Certification of Medical Necessity

Under the Internal Revenue Code (IRC), some medical services, products, or procedures are eligible via your Unreimbursed Medical Flexible Spending Account when your licensed health care provider certifies that the services are medically necessary. Your provider must indicate the specific diagnosis, the specific treatment needed, and the length of time for the specified treatment.

Aflac Benefit Services has designed this certification to assist you and your health care provider in supplying the information needed to process your request for reimbursement. Your provider may submit a statement on his or her letterhead but must include ALL the information on this form. Failure to provide the required information will result in denial of your claim.

If the treatment extends beyond your employer’s plan year, you will need to submit an updated certification for the new plan year. You will need to file this certification only once.

Fax this completed form to Aflac Benefit Services at 1-877-353-9256.

Employee’s Name	
SSN	
Patient’s Name	
Diagnosed Medical Condition	
Recommended Treatment	
How will the recommended treatment alleviate the diagnosed medical condition?	
How long is the treatment required?	
Provider’s Name	
Provider’s Address	
Provider’s Telephone No.	
Provider’s Signature	
Date	

Fax your completed Aflac Benefit Services Claim form and all documentation to **1-877-353-9256**.

Please allow 48 hours for the receipt of your faxed form before calling to inquire about your request. If you have additional questions or need assistance, Customer Service representatives are available from 8 a.m. until 7 p.m. Eastern time at 1-800-323-5391.

Note: Please use discretion when faxing your personal information to Aflac. You bear full responsibility for any inappropriate use or disclosure that may arise in connection with your transmission of information to Aflac.

For account information 24 hours a day, 7 days a week, please use our IVR at 1-877-353-9487.

Helpful Tips for Filing Your Claim

Helpful Tips and Sample Unreimbursed Medical Expense Eligibility Guidance

1. Complete, sign, and date the Aflac Benefit Services Claim Form request for reimbursement. Failure to complete all areas will result in claim denial and a delay in processing and reimbursement.
2. All fields must be completed; do not indicate "See Attached" in any field. Descriptions of service should provide as much detail as possible.
3. Verify that services received are eligible expenses. See below or refer to your *Participant Resource Guide*.
4. The deadline or run-off period for claims submission is determined by your employer. For more information on the run-off period, refer to your employer or your Summary Plan Description. To avoid delays, submit your claims at least two weeks prior to the end of your run-off period.
5. Additional reimbursement forms can be obtained at aflac.com or via the IVR at 1-877-353-9487.

Sample Health FSA Expenses

This list is not all-inclusive; for more detailed information, refer to the *Participant Resource Guide*. Unreimbursed medical expenses are reviewed according to the regulations of Internal Revenue Code Section 125. All claims must be substantiated, and appropriate documentation must be provided.

Some expenses may require additional documentation from your doctor or health care provider.

Insurance Eligible

Deductibles, copayments, and coinsurance for medical care plans

Ineligible

All premiums/contributions for insurance
Long-term care plans
Expenses paid totally by your health plan

Treatments/Therapies Eligible

Prescribed weight loss programs to treat a medical condition
Diagnostic services (e.g., X-ray and MRI treatments)
Smoking cessation programs
Fertility treatments

Ineligible

Illegal treatments
Physical treatments for general well-being or relaxation (e.g., massage therapy)

Fees/Services Eligible

Physician consultation fees
Routine office visits
Nursing services for care of a specific ailment
Legal sterilization

Ineligible

Cosmetic procedures that improve appearance but do not meaningfully promote the proper function of the body or treat an illness/disease
Payments to domestic help for nonmedical services
Retainer fees

Medical Equipment Eligible

Wheelchairs/crutches
Blood sugar monitors
Oxygen equipment

Ineligible

Wigs when not necessary for mental health
Vacuum cleaners for individuals with dust allergies

Dental/Orthodontic Care Eligible

Routine exams, cleaning, and X-rays
Artificial teeth/dentures
Braces and orthodontic services

Ineligible

Teeth bleaching/whitening
Tooth bonding that is not medically necessary

Miscellaneous Charges Eligible

Sales tax associated with an eligible item
Hearing aids, batteries, or hearing aid repairs
Transportation expenses primarily for medical care, to include mileage, bus, taxi, parking fees and/or tolls

Ineligible

Divorce, even when recommended by a psychiatrist
Diaper service
Toiletries or cosmetic items
Maternity clothes

Vision Care Eligible

Prescription eyeglasses
Contact lenses and cleaning solution
Prescription sunglasses

Ineligible

Lens replacement insurance/warranties
Protection plans
Coatings/tints not used to treat a medical condition

Drugs Eligible

Prescription drugs to treat a medical condition
Birth control
Insulin

Ineligible

Dietary supplements, to include vitamins, prenatal vitamins, and herbs
Drugs for cosmetic purposes, and over-the-counter medicines, unless prescribed by a physician.

Key Numbers

**AWBS Claims Fax:
1-877-353-9256**

**Customer Service:
1-877-353-9487**

Submission Guidelines

Fax your completed Aflac Benefit Services Claim Form and all documentation to: 1-877-353-9256.

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