



PHYSICIAN'S VISIT BENEFIT CLAIM FORM

To file your claim online, upload documentation on an existing claim, check claim status or get paid fast by signing up for direct deposit, register on Aflac.com or download the MyAflac mobile app.

- > Benefits of filing your claim online include faster claim processing time and receiving claim communications by email.

Your policy pays a Physician's Visit Benefit for services rendered under the supervision of a physician, after the effective date of your policy. Please refer to your policy to verify your eligibility for this benefit.

- Failure to complete all sections may result in a delay in processing this claim.
- Submit only one treatment date per claim form.
- Do not attach receipts, statements or other claim documentation to this form.
- Please sign, date and mail/fax the completed form to the Aflac address/fax number shown below.
- Please use black or blue ink only and print legibly when completing this form in its entirety.

Policy Number:

All Fields are required.

Policyholder Information:

Last Name Suffix First Name MI

Date of Birth (mm/dd/yy) Telephone Number where we can reach you

Home Address

City State Zip Code

Check box if this is permanent address change.

Patient Information:

Last Name First Name Date of Birth (mm/dd/yy)

Sex: Male Female

Relationship: Primary Policyholder Spouse Dependent Child

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Date of Physician's Visit:

*Please submit only one date per form.

Physician's Phone Number:

Physician's Name

Physician's Street Address

Physician's City State: Zip:

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The Provider listed above is authorized to validate the information I have provided.

POLICYHOLDER/PATIENT SIGNATURE

FAMILY RELATIONSHIP, IF NOT POLICYHOLDER

DATE

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