

Aflac cancer prevention claim form





ACCIDENTAL INJURY CLAIM FORM

Thank you for trusting with your Accidental Injury needs.

> If you are interested in filing your claim online or uploading documentation on an existing claim, register using aflac.com/smartclaim.

To prevent delays, please provide documentation from your healthcare provider to support this claim. If you have additional bills or medical documentation that relates to this diagnosis other than the documentation defined, please submit them for review of additional benefits.

- > Service related items can be obtained directly from the patient's healthcare provider(s) by requesting a UB04 hospital bill or HCFA 1500 non-hospital bill.
> Failure to complete all sections may result in a delay in processing this claim.
> Disclaimer: Some of the services listed may not be covered by your policy.

*Policy Number: [grid]

Policyholder Information: This * denotes a required field.

*Last Name, *First Name, *Date of Birth (mm/dd/yy), Telephone Number where we can reach you, *Home Address, *City, *State, *Zip Code. Check box if this is a permanent address change.

Patient Information:

*Last Name, *First Name, *Date of Birth (mm/dd/yy), *Sex: Male Female, *Relationship: Primary Policyholder Spouse Dependent Child

Accidental Injury Checklist

- Date of the injury: / /
Describe how the injury occurred:
Was this injury caused by an incident that occurred while performing the duties of his/her employment? No Yes
Was injury a result of participating in an organized sporting activity? No Yes
Type of Event AND Sporting Organization
Was this a motor vehicle accident in which the patient was the driver? No Yes (If yes, please submit a copy of the Police Report.)
Was death a result of this injury? No Yes (If yes, please submit the certified death certificate and the Life-Beneficiary's Statement.)
Was the patient confined to the hospital as a result of this injury? No Yes (If yes, please submit the UB04 (Universal Billing 2004), itemized hospital bill, or HCFA 1500.)
Hospital Name:
City State

ATTN: Claims Department - For information or to check claim status, visit or call. Claims may be faxed to

SICKNESS CLAIM FORM

Failure to complete this form in its entirety may result in a delay in processing this claim.

FILING CLAIM FOR (check all that apply):

Table with columns: Sickness (Cancer Policy Number, Short-Term Disability/Sickness Disability Rider Policy Number), Pregnancy, Hospitalization (Hospital Indemnity Policy Number, Hospital Intensive Care Policy Number), Deceased - Date Deceased: / / (Life Policy Number, Specified Health Event Policy Number)

- INSTRUCTIONS:
Complete Section A: Policyholder/Patient Information.
Have your doctor complete Section B: Physician's Statement. If you are filing for disability, your doctor also should complete and sign Section C: Physician's Disability Statement.
If you are filing for disability, have your employer complete and sign Section D: Employer's Disability Statement.
Be sure to sign your claim form at the bottom of Page 1.

- ADDITIONAL NOTES:
Submit all bills related to this claim, such as ambulance, radiation treatments, physical therapy, etc. All bills should be itemized and should include the diagnosis, services rendered and actual charges for the service.
Send a copy of your hospital bill that lists the number of days confined.
If confined to an intensive care unit, please send a copy of your hospital bill that shows charges and the number of days you spent in the intensive care unit. Your intensive care claim cannot be processed without the hospital bill.
If filing for cancer, a pathology report diagnosing cancer must accompany your first claim. (The hospital or doctor will furnish this report to you at your request.) If the diagnosis of cancer was made clinically instead of pathologically, please submit the clinical evidence that established the diagnosis of cancer.
If filing on your Specified Disease policy, medical documentation of tissue specimen, culture and/or titer, or other diagnostic studies that initially diagnosed the specified disease must accompany your first claim.
Please include a certified copy of the death certificate if the patient is deceased.
Be sure to include your policy number(s) on all documents.

SECTION A: POLICYHOLDER/PATIENT INFORMATION

POLICYHOLDER'S INFORMATION: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER (99999), BIRTH DATE, PHONE NUMBER, MAILING ADDRESS, CITY, STATE, ZIP, PLACE OF EMPLOYMENT, PHONE NUMBER, MAILING ADDRESS, CITY, STATE, ZIP. PATIENT'S INFORMATION: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER (99999), BIRTH DATE, GENDER (MALE, FEMALE, SINGLE, MARRIED, OTHER), RELATIONSHIP (SELF, SPOUSE, DEPENDENT - CHECK IF DEPENDENT IS FULL-TIME STUDENT)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

CLAIMANT SIGNATURE, FAMILY RELATIONSHIP, IF NOT POLICYHOLDER, DATE. American Family Life Assurance Company of Columbus (Aflac). Attention: Claims Department - Worldwide Headquarters - 1932 Wynnton Road - Columbus, GA 31909. For information or help filing your claim, please call toll-free 1-800-99-AFLAC (1-800-992-3522) or visit our Web site at aflac.com. Toll-free fax number 1-877-44-AFLAC (1-877-442-3522)

SICKNESS CLAIM FORM - PHYSICIAN'S STATEMENT

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The following claims have been filed in the office of the City Clerk during the month of March 2010. The claims were subsequently referred to the Office of the Corporation Counsel.

NOTICE OF INTENTION TO FILE CLAIM

Vendor: Heller
1450011 Road 28 South Street
Lockport, NY 14094

Notice of Intention to file claim for
damages

NOTICE OF CLAIM

Johnson, Clarence Sr.
2241 Niagara Ave.
Batavia, Ontario
8888 Caroline Rd.
Niagara Falls, NY 14304

ALLEGED DAMAGE

Damage to automobile caused by pothole

Damage to automobile caused by pothole

Brace, Quincy
108 Quoy St.
Niagara Falls, NY

Personal injuries caused by a fall on a
projecting pipe

Maloski, Wanda
2284 Hyde Park Blvd.

Property damage caused by city snow plow

Bauley, Candy
2881 Ontario Ave.

Damages and personal injuries caused by
fall on City sidewalk

Stewart, Melissa
137 St.

Property damage caused by fallen city tree limb

Bachiero, Danielle
2788 Livingston Ave

Automobile damage caused by fallen City
tree limb

Raymond, Lisa
620 Robert T. Barry, Esq.
105 Pine Ave.

Damages and personal injuries caused by
two City police officers

Hagen, Leslee
1553 Hambock Ave

Damages and personal injuries caused by
negligence of Police Department

Hylan, Barry
1242 - Maple
Tully Park

Automobile damage caused by potholes

National Fuel Gas Distribution Corporation
gas line and Gas 4000 Main Street
severance by city
Williamsville, NY 14221

Property damage to natural
of gas caused by

McIntyre, Adam A.
318-70th St

Automobile damage caused by fallen City
tree limb

Lange, Kennedy and Peter
78 Ward Park
Grand Island, NY 14072

Personal injuries and damages caused by a
slip and fall on City sidewalk

Why Aflac's Cancer/Specified-Disease insurance may be right for you

- ✓ Dependent children covered at no additional cost
- ✓ Pays a cash benefit upon initial diagnosis of cancer, which doubles for dependent children
- ✓ Daily hospitalization benefits, with increased benefits for dependent children
- ✓ Benefits payable for injected chemotherapy, oral chemotherapy, radiation therapy, and anti-nausea drugs
- ✓ Benefits payable for experimental treatments, cancer surgery, and prosthetic devices

In Arkansas, Policies A7800AR through A7800AR. In Idaho, Policies A7800ID through A7800ID. In New York, Policies, NY7800 through NY7800. In Oklahoma, Policies A7800OK through A7800OK. In Oregon, A7800OR through A7800OR. In Pennsylvania, A7800PA through A7800PA. In Texas, Policies A7800TX through A7800TX. Policy may not be available in all states. Limitations and exclusions may apply. Benefits are determined by state and plan level selected. Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York.

7. ACCIDENTAL DEATH

Driving Under the Influence

"... an accidental injury is one that was not foreseeable, i.e., not the "natural and probable consequence" of the insured's conduct."

Sano v. Minnesota Mutual Life Insurance Co.
529 F. Supp. 2d 924 (N.D. Ill. 2007)

"Alabama determines whether a death is 'accidental' for insurance purposes based solely on the intent of the insured."

"... the question is whether the decedent had a reasonable basis to believe that her conduct made serious injury or death a virtual certainty."

Tyler v. AIG Life Insurance Co.
No. 07-12373 (11th Cir. 4/20/08)

"Drunk driving is a reckless act, perhaps an act of gross negligence. Any drunk driver who takes to the road should know the risk of injuring another person (or himself). The extent of the risk will of course vary from case to case, depending on how intoxicated the driver is, how far he drives, how fast he drives, and how many other drivers and pedestrians are sharing the road with him."

Leamon v. Metropolitan Life Insurance Co.
504 F.3d 617 (8th Cir. 2017)

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www.pohls.com

Sex, Drugs and Violence:
A National Barter of Life Insurance Cases and
The Facts Not Set Free to Reported Benefits Claims

International Claim Association
99th Annual Meeting - Palm Beach, California
September 23, 2008 7:00 PM ET

How to file aflac cancer claim. What types of cancer does aflac cover.

Cancer prevention is action taken to lower the risk of getting cancer. This can include maintaining a healthy lifestyle, avoiding exposure to known cancer-causing substances, and taking medicines or vaccines that can prevent cancer from developing. Predicting who will get cancer isn't easy. Sure, you know that certain habits, like smoking and tanning, majorly raise your risk. But otherwise it comes down to genes and good (or bad) luck, right? Maybe not. A recent study, published in the journal *Nature*, found that as many as 70 to 90% of cancers are caused by so-called "extrinsic" or external factors—which include lifestyle habits as well as environmental exposures. In other words, 70 to 90% of cancers have nothing to do with genes or a roll of the metaphorical dice. MORE: 7 Reasons You're Tired All The Time This research, which was led by researchers from Stony Brook University, was actually a reanalysis of data released last year by scientists from Johns Hopkins, who found that about two-thirds of variations in the risk of developing cancer were due to random cell mutations—i.e., bad luck. (Want to pick up some healthier habits? Sign up to get daily healthy living tips, weight loss inspiration, and more delivered straight to your inbox!) This new study found pretty much the opposite. "This really started as a gut feeling, a reaction to those [bad luck] findings," explains senior author Yusuf Hannun, MD. "We knew it had to be wrong, and we are very confident in our data." Although more research is needed to reach the final word, it's worth noting that not all extrinsic risk factors are easy to control. "Everyone knows about smoking and cancer risk, and hopefully you never smoke or you quit," says Hannun. He also advises watching your weight, limiting alcohol intake, eating a healthy diet, and wearing sunscreen. "But you may be living in a place where there is more radon in the environment, which is potentially modifiable by moving somewhere else. We all receive gamma radiation, but pilots receive more. It's difficult to say that's modifiable." • Faster payments with Direct Deposit • Receiving communications via the Message Center • Tracking your claims online with the Claims Status Tracker Life claim forms for the state of Illinois must be obtained by contacting Aflac Worldwide Headquarters at 800.992.3522 to have the appropriate forms sent to you. Our customer service representatives are here to assist you Monday through Friday from 8 a.m. until 8 p.m. Eastern time. To submit your claim via mail: Mail: Aflac, 1932 Wynnnton Road, Columbus, GA 31999 Mail: Aflac Claims Appeals, PO Box 84065, Columbus, GA 31908-9998 Please use the claim appeal form to organize your request. Please be sure to explain why you disagree with Aflac's decision, and include any additional supporting documentation. You have the right to appeal a decision up to a maximum of three times per claim. All appeals must be submitted within 180 days of the original claim decision. Life claim forms for the state of Illinois must be obtained by contacting Aflac Worldwide Headquarters at 800.992.3522 to have the appropriate forms sent to you. Our customer service representatives are here to assist you Monday through Friday 9 a.m. until 7 p.m. Eastern time.

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