AFLAC Quick Tips for Filing Claims

Accident - Always provide an accident report that advises how and when the injury occurred (e.g.– 360 report or AFLAC Accident Form). Police reports are required for all Motor vehicle related accidents. Please fax your receipts from ER, PA or your Primary Care Doctors or Specialist, or a note on the provider's letterhead indicating the dates of service. Medical Attention within 72 hrs of your injury with a Dr diagnosis is required per your policy.

Disability – Always use the AFLAC Disability form which is signed by your medical doctor. First day of disability is the first scheduled date of work that you miss. Remember that AFLAC uses the doctor's estimated date of return or the next doctor's appointment date to determine the payment time period. All policies have an elimination period so benefits start after (for most it is 30 days). You need to fax paperwork to us (877-577-2769) and to Annette Agliato (212-435-2898) who is your contact for Port Authority Employer Approval. She will send us your approval when ready and we will notify you via email upon receipt.

Cancer –Remember that you get $75 per year as a Wellness Benefit for the test result of : Mammogram, Pap Smears, Biopsy, chest x-ray and blood tests (i.e.- PSA, CA, CEA). If you have the family plan, you'll get paid for both you and your spouse upon receipt of the results.

Hospitalization – only the Hospital Invoice/Bill (UB04) is accepted. It ensures that you can be correctly paid of all benefits you might be entitled to (surgery, anesthesia, blood , etc)

Location of AFLAC FORMS and instructions: http://pbaclaims/yolasite.com
The same forms and instructions are also obtainable by sending an email to : pbaclaims@yahoo.com

CONTACT INFORMATION :

FOR CLAIMS : Kathy DiMaggio pbaclaims@yahoo.com or kathy_dimaggio@us.aflac.com **1-877-94-AFLAC (877-942-3522) , Fax = 877-577-2769**

Office Hours: M- F 6:30 pm – 8 pm

If you would like to enroll in any AFLAC benefits or have any policy issues or questions:

Antonietta Cuoco – Cell – 908-715-8569 or antonietta_cuoco@us.aflac.com

Luigina Sollazzo – Cell -908- 581- 9640 or luigina_sollazzo@us.aflac.com

Filing an Accident Claim

- **Accident Report** - your 360 is acceptable for On the Job accidents or you may use the AFLAC Accident forms. For off the job accidents, the AFLAC Accident form is required. This is an accident policy – trips to the ER for non-accident related issues are not covered – e.g. – Flu, ear aches, infections, etc. You must seek medical attention within 72 hrs of your accident. For forms: **:** **http://pbaclaims/yolasite.com**

- **ER -** ER discharge paperwork or the ER report – Needs to have your name, date of service and diagnosis clearly noted. If you do not go to the ER, your first doctor visit will be covered as the ER visit as long as the visit is within 72 hrs of your injury as your policy requires it.

- **Ambulance** – The ambulance receipt must have your name and date of service. You can either contact the Ambulance provider for a detailed receipt or you can contact the Hospital and request the ER Report. The ER report will document the method that you arrived at the ER and is acceptable for payment. You must take the ambulance to be paid – the benefit is for ground or air transportation to a medical facility.

- **MRI** – The MRI report that is issued after the MRI is taken that provides the result is the only acceptable document. Receipts, referrals and prescriptions are not acceptable.

- **Doctor Follow-up Visits** – Port Authority Medical slips are accepted, however, they must be legible. Receipts from doctors that identify the date of service and doctors notes must date your were seen or Treated. Statement of disabilities or letters that state you are under care of the doctor do not indicate you were seen for a follow-up visit.

- **PT** - An itemized statement with your name on it that shows the dates you were seen and the type of treatment (heat, muscle stim, etc.) provided is needed. The provider's name should be on the receipt. Its best to wait to have 10 visits or the completion of PT to file at one time to avoid errors.

- **Appliances** - Crutches, braces, etc. It must be ambulatory(waist and below). You must have a bill or receipt. If given at the ER, the ER paperwork must document it was provided to you. Casts and slings are not covered.

Filing A Disability Claim

- **Elimination Period** – all policies have an upfront waiting period that you must be out before filing. This period is not covered/paid by AFLAC. In most cases, it is 30 days, but shorter periods are available. For forms: **:** **http://pbaclaims/yolasite.com**

- **Physician Statement -** A doctor (MD) must certify you as disabled for a claim to be opened. You can use any doctor – Specialist or Primary. Be sure that the first date of disability on the Physician Statement is correct and advises the first day you were out. A common error is that the first day the doctor saw you is provided as the first day of disability. Since this policy is separate from your accident policy, PA medical slips are not accepted. You must use the disability form for it to be paid. Be sure that the doctor provides your next appointment date or an estimate of your return to work. If they do not, AFLAC will use the date of the Doctor's signature as the end date of your check. This will impact your payment amount. Be sure that the date you can return to work is correct – this should be the date you come back to your job and not the date you see PA medical prior to your return. If you know you will be out a long time, the estimated return to work option will pay you up to 60 days in advance from the date the cut is issued. This normally provides a larger check than month to month doctor visits, but will still require the Continuation form to be used for additional benefits to be paid.

- **Employer Approval –** The authorized approvers are Annette Agliato and Miriam Diaz – Human Resources. She requires that you send the Physician Statement, the Authorization of Claims form (AU) and a blank Employer Statement form – only put your name on it. Once this is completed, your employer sends only the approval sheet to AFLAC – not the complete claim. You must sent all paperwork to our fax – 877-577-2769 so that its on file pending Employer approval.

- **Continuing Disability –** to continue to receive payments after your initial forms are filed, the Continuing Disability Form is used - Doctor and Employer approval is required. The form is included in the envelope with your first check. The check is not automatic and it is NOT issued monthly unless you file for it monthly. For forms: **:** **http://pbaclaims/yolasite.com**

- **AFLAC Receipts -** If your email is on file with us or you provide an address on your form, you will receive a receipt via email that your claim was received. You are also notified via email when Employer approval has been received. AFLAC normally takes 8-10 Business days to process and issue your payment. Claim status is available online at www.aflac.com, once the payment has posted.

How the Disability is calculated

- **Policy Benefits-** there are a variety of policies in place on the PA account based upon the offerings at the time of sign up. Some pay while medically restricted, some do not and some pay only if your pay is less than 80% of your normal base salary when you return. A copy of your policy will tell you what your plan covers. You can request an online version be sent to your email from the AFLAC website – **www.aflac.com** **Please verify that your correct email is on record in your online profile before requesting your policy.**

  How your Check is Calculated :

  – Your benefit is prorated and paid by day. To determine your daily rate, take the level and divide by 30 days (average number of days in a month).
    - $2500 = $83.33 per day
    - $1500 = $50.00 per day

  – AFLAC uses your first day of disability from your Doctor's statement and looks at the Employer statement for the first day that both agree. If this is the first claim for your incident, your elimination period must be met . This means for most that the first 30 days are not paid and benefits begin starting day 31. Information from your Employer advises if you are still out or have returned to work. The Doctor's statement provides the next appointment date or estimated return to work date. The number of days is determined and simply multiplied by your daily rate.

    EXAMPLE: Your first day out is 6/1/09 and both doctor and Employer agree. Your employer approves on 7/15/09 that you are still out. On your doctor's page, it is stated your return to work as 9/1/09. AFLAC can pay up to 60 days in advance.

    6/1/09 – 6/30/09 – No Payment – Elimination period

    7/1/09 – 8/31/09 = 62 days

    62 days x $83.33 (if you have the $2500 plan) = $5,166.46

    62 days x $50.00 (if you have the $1500 plan) = $3,100.00

    9/1/09 – Return to work

- The plan covers you for 12 months of payments – actually 365 days of payment.
- If you return to work before the 12 months of benefit are paid, and then go out again for the same incident within 180 days of your return, your disability will be restored and benefits will continue for any of the remaining 12 months . If more than 180 days, another elimination period is required and the policy will continue for any remaining time.
- You must continue to be under a doctors care and be certified disabled to continue to seek payment.
- **ALWAYS CHECK YOUR DATES ON THE FORMS.** Any discrepancy will delay or hold up your check. Its very difficult to get things corrected after the fact since your signature already ensured the information provided was correct.