



Katy ISD - Dental & Vision Member Contacts

Dental Claims, Benefits, Provider Assistance



Phone
(877) 675-7277

Monday – Friday: 8AM to 8PM (ET)

Member Portal
<https://mylogin.aflac.com>

Provider Search (Dental)
<https://memberportal.aflac.com/search-providers>

Dental Claims Submission
In and Out of Network Claims

Providers should submit all claims per the submission information on back of ID cards via mail or electronically in the portal



View Benefits, Eligibility, Pre-Auths and Submit Claims
<https://providerportal.aflac.com>

OR send claims to:

Aflac Benefits Solutions, Inc.

Attn: Claims

PO Box 211276, Eagan, MN 55121

Customer Care toll-free at 855.819.1873

Members have access to the following networks:

Aflac Dental Network, Dentemax & Zelis

Emdeon Payor ID: ARGUS
DentalXChange Payor ID: ARG01
NEA# 451001

Out of Pocket Reimbursements

Please use the Dental OON reimbursement form and submit via email to:

DMRClaimsIntake@aflac.com

Vision Claims, Benefits, Provider Assistance

Phone and Email

<https://davisvision.com/contact/> or **(800) 999-5431**

Monday – Friday: 8AM to 11PM (ET)

Saturday: 9AM to 4PM (ET)

Sunday: 12PM to 4PM (ET)



Davis Vision (Vision Provider Search and Member Portal)

<https://davisvision.com/members/>

Vision Claims Submission

In Network

Providers should submit all claims to Davis Vision via the provider portal

Out of Network

Please use the Davis OON reimbursement form and submit via mail or the member portal/mobile app to Davis Vision

Mail to: Vision Care Processing Unit
P O Box 1525 Lantham, NY 12110