

CONTINENTAL AMERICAN INSURANCE COMPANY

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HOSPITAL INDEMNITY CLAIM FORM INSTRUCTIONS

To avoid delays in processing of your claim form, complete each section attaching documentation below when it applies.

Supporting Documentation Needed

- ✓ Itemized bill if there was a hospital stay (UB04 from the hospital or medical facility)
- ✓ Chart Note to include admission and discharge paperwork if there was a hospital stay
- ✓ Itemized bill from physician's office (HCFA 1500 from treating physician's office)
- ✓ Surgical Report if surgery took place
- ✓ Follow Up Visit-receipts for follow up visits or physical therapy with dates and charges if applicable
- ✓ Xray/Diagnostic Tests-receipts with dates and charges if applicable
- ✓ Accident Report-if applicable (ex: police report)
- ✓ Benefit Assignment-Benefits are payable to the policy holder unless written authorization is received from you or your healthcare provider to assign benefits to the provider. If you choose to assign benefits, attach a signed and written request.
- ✓ Email form to groupclaimfiling@aflac.com or fax to 1.866.849.2970.