

CHARLES COUNTY
AFLAC CLAIM COVER SHEET

(Claims may be sent in by mail or by fax)

To: Kathy Anderson- AFLAC

Date: _____

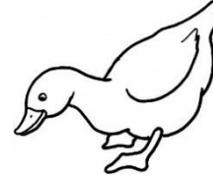
5825 Plank Rd.

Suite 113, PMB 201

Fredericksburg, VA 22407

FAX NUMBER: 540-548-2324

PHONE NUMBER: 540-548-3484



AFLAC Group Fax Claims - 1-866-849-2970

AFLAC Group Claims Telephone - 1-800-433-3036

Employee's Name: _____

Employee ID Number _____

Employee Email address _____

Daytime Phone Number: _____

Number of Pages: _____

Brief Description of Claim: _____

Patient's Name: _____

Relationship to Employee: Self Spouse Dependent Child

Accident Plan _____

Critical Illness _____

_____ Receipts are attached for Services

_____ Claim forms are attached