

Physician Expense Claim Filing Instructions

Save Time and Paper – File Your Claim Online!

We offer two ways to file your physician expense claim: online or by mail/fax.

How to File Online:

1. Login to your secured Online Service Center (OSC) account at www.americanfidelity.com/MyAccount.
2. From the “My Claims” tab, click “File a Claim” to get started.
3. On the “Type of Claim” screen, select “Disability” and then “Physician Expense”.
4. Conveniently upload an itemized billing with diagnosis for each date you are claiming the physician expense benefit.
Please submit a separate claim for each diagnosis.
5. Follow the step-by-step instructions to complete your online claim filing process.
6. Check the status of your claim by selecting the “My Claims” tab at the top of the screen!

How to File By Mail or Fax:

1. Complete the Statement of Insured.
2. Attach an itemized billing with diagnosis for each date you are claiming the physician expense benefit.
3. Mail the completed forms to American Fidelity at the address listed below.
4. If you wish to fax your completed forms, please fax to 800-818-3453.

Whether completing this claim online or with the below packet, all portions must be completed to avoid undue delay in processing your request for benefits. If you have any questions regarding completion of your claim, please call:

Toll Free: 800-662-1113 | Local: 405-523-5025



Our Family, Dedicated To Yours.®

ATTN: AFES BENEFITS DEPT.
P.O. Box 25160
Oklahoma City, Oklahoma 73125
Toll Free: 1-800-662-1113
Fax: 1-800-818-3453
www.americanfidelity.com

PHYSICIAN
EXPENSE



American Fidelity
Assurance Company

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Oklahoma City, Oklahoma 73125
Toll Free: 1-800-662-1113
Fax: 1-800-818-3453
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(Do NOT use this form when filing for disability)

STATEMENT OF THE INSURED

Name _____ Date of Birth _____ AFA Account # _____
(Policyholder)
Residence Address _____ Social Security No. _____
(Street) (Town) (State) (Zip)
Mailing Address _____
(Street) (Town) (State) (Zip)
I am employed at _____
(Employer) (Address) (City) (State) (Zip)
Telephone No. Home (____) _____ Work(____) _____ Occupation _____

1. Date accident or illness began _____
2. Nature of illness or accident _____
3. Was accident or illness work related? Yes No
4. If accident, where and how did it happen? (Explain Fully) _____
5. Dates of all Treatment - Physician's Office _____ Hospital _____
6. Were you scheduled to work on the day of medical treatment? Yes No If no Explain (semester break, holiday, week-end, etc.): _____
If yes, were you totally disabled and unable to work one full day on the date of medical treatment? Yes No
Date unable to work _____

PLEASE ATTACH DIAGNOSIS AND ITEMIZED CHARGES FROM THE DOCTOR

Signature _____ Date _____
I verify this information is true and correct.

DIRECT DEPOSIT AUTHORIZATION

Please complete if you desire benefits deposited directly into your bank account.
I authorize AFAC to initiate credit entries to my account at the depository named below. This authorization is to remain in force and effect until AFAC receives written notification from me of its termination in such time and in such manner as to afford AFAC and the Depository opportunity to act on it. **This authorization applies to benefits payable under all insurance policies held with AFAC.**
Signature: _____
NOTE: You must attach a voided check to begin direct deposit.

Warning: Any person who knowingly and with intent to injure, defraud, or deceive an insurer files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud and subject to criminal and civil penalties. **California - For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. AR, DC, LA, NJ, NM, TX, and WV - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. DE, ID, IN, MN, OH, and OK - WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. **Colorado -** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **New Hampshire -** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. **Kentucky -** Any person who knowingly and with intent to defraud any insurance company or other person files a 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. **Oregon -** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be guilty of insurance fraud. **Pennsylvania -** 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 subjects such person to criminal and civil penalties. **Arizona - For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. Florida -** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **Hawaii -** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. **Alabama -** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **Maryland -** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.