

Doctor's Office Visit Claims Checklist

HAVE THIS INFORMATION HANDY TO IDENTIFY YOUR POLICY:	
	Name and date of birth
	SSN
	Address
HERE'S A LIST OF COMMON ITEMS YOU MAY NEED TO FILE A CLAIM:	
	Claimant's name, date of birth and SSN (if other than primary insured)
	Date of visit and physician/facility details
	Copy of bill(s)
	If your policy covers prescription drugs provide pharmacy information, date prescription was filled and prescription number
	Copy of receipts for each prescription
OTHER WAYS TO FILE A CLAIM:	
_	1.000.000.0705

Fax: 1.800.880.9325

Mail: P.O. Box 100195, Columbia, SC 29202

Colonial Life is committed to providing you, our valued customer, a market-leading claims experience. We look forward to serving you on coloniallife.com.

Register on coloniallife.com so you can:

View benefit details

• Here you'll find a copy of your policy to see what's covered and benefit amounts

Track your claim

 Follow your claim from start to finish and receive alerts if we need additional information



Sign up for direct deposit and receive payment faster

This checklist is intended to assist the insured when filing claims and does not constitute a guarantee of claims payments or act as an all-inclusive list. Documentation requirements vary by type of claim; please review requirements for your claim(s) carefully.

Colonial Life insurance products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.