

Cancer & Specified Disease Claims Checklist

Information to identify your policy

Policy number Policyholder's name Policyholder's date of birth Policyholder's address

Claim details & documentation

Patient or Claimant name

[Attending Physician Statement](#)

Pathology report with initial diagnosis (**If no surgery or biopsy was performed, submit medical imaging and lab work confirming diagnosis**)

Pathology and Operative Report for any surgery following initial diagnosis Surgeon's/physician's bill with procedure codes and charges (**Note: Please contact the physician's office, not hospital billing office**)

Surgeon's/physician's bill with procedure codes and charges (**Note: Please contact the physician's office, not hospital billing office**)

Radiation- Itemized bills showing the procedure codes/full charge description and actual charges

Chemotherapy- Itemized billing statement or receipt showing the drug name and/or procedure code and actual charges (**Please note, some policies may also require an Explanation of Benefits from the primary insurance carrier**)

Transportation- List of specific dates traveled and round trip mileage for dates. For airline, bus, or train travel, please provide the receipt of itinerary with travel dates and cost

Lodging – itemized bill/itinerary with dates of lodging and costs

File your claim quicker using MyBenefits

1. Login at <https://mybenefits.allstate.com>. Register first, if new to MyBenefits.
2. With multiple payment options, choose how you will receive your benefits.
3. Click 'File a Claim' to begin. Our system will guide you through each step along the way.
4. Securely upload supporting documents by scanning or attaching stored files.
5. Submit your completed claim.

Other ways to file a claim

Fax claim submissions: 1 (866) 424-8482

Wellness Claims: 1 (800) 430-4188

Mail: American Heritage Life Insurance Company
1776 American Heritage Life Drive
Jacksonville, FL 32224