



## Dental Insurance Member Contacts

### Dental Claims, Benefits, Provider Assistance

#### Phone

(855) 819-1873

#### Member Portal

<https://mylogin.aflac.com>

#### Provider Search (Dental)

<https://www.aflac.com/about-aflac/providers/dental-provider-search.aspx>

#### Dental Claims Submission

#### In and Out of Network Claims

Providers should submit all claims per the submission information on back of ID cards (below) via mail or electronically in the provider portal



For Customer Service, please call:

**(855) 819-1873**

Submit Claims to:

**Aflac of Columbus**

**PO BOX 2015**

**MILWAUKEE, WI 53201**

Website:

**[mylogin.aflac.com](https://mylogin.aflac.com)**



#### Out of Pocket Reimbursements

Please use the Dental out of network reimbursement form provided to your Employer and mail claim to address on form

Aflac Dental & Vision products are offered and underwritten by American Family Life Assurance Company of Columbus in all states but New York Aflac WWHQ | 1932 Wynnton Road | Columbus, GA 31999.

In New York, products are offered and underwritten by American Family Life Assurance Company of New York. 22 Corporate Woods Boulevard, Suite 2 | Albany, New York 12211.

Please see coverage documentation applicable to your situs state for further details. This is a brief product overview only.

**NOTICE: The coverage offered is not a qualified health plan (QHP) under the Patient Protection and Affordable Care Act (ACA) and is not required to satisfy essential health benefits mandates of the ACA. The coverage provides limited benefits.**

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