

Easy ways to submit a claim.

Cigna Healthcare Accidental Injury, Critical Illness and Hospital Care insurance.



When a serious illness or injury occurs, our Accidental Injury (AI), Critical Illness (CI) and Hospital Care (HC) insurance can help you regain control by paying you a cash payment for covered events. That's why it's important to submit your claims as soon as possible. There are five easy ways to file. Simply choose the option that's easiest for you.



Online

Visit SuppHealthClaims.com



Phone

Call **800.754.3207** to speak with one of our dedicated customer service representatives



Email

Send scanned documents to SuppHealthClaims@Cigna.com



Fax

Send documents to **866.304.3001**



Mail

Send documents to
Cigna Healthcare Supplemental Health Solutions
P.O. Box 188028
Chattanooga, TN 37422

After you file

A designated claim manager will be assigned to your claim. You can help expedite the claim process by contacting your provider or use your online medical portal to access records or itemized bills and send directly to Cigna HealthcareSM at SuppHealthClaims@Cigna.com. If you're unable to do this, and if additional information is needed, we will reach out to you, the beneficiary, or the provider on your behalf. Please note, quicker payment is dependent on receiving this information in a timely manner, otherwise it may delay the payment of any benefits.

- Once all requested information is submitted, we will pay your claim as quickly as possible.
- Benefits are paid directly to you, * for a covered critical illness, accidental injury or hospitalization.**

When should I file my claim?

Claims should be reported as soon as possible. Standard policy provisions call for the notification of claims from within 31 days of the date of the loss and “proof of loss” within 90 days. Claims outside of these time frames will still be evaluated for their timeliness, but must be reported within one year from their required 90 days “proof of loss.” Once we’ve received all the requested information, we can begin reviewing and processing the claim.

How am I notified of the decision?

If the claim is approved, you’ll receive an explanation of benefits (EOB) or approval letter advising you of the decision. If the claim is denied, you’ll receive an EOB or letter explaining why the claim was denied and instructions on how to appeal the denial.

What information will I need to file my claim?

Make sure you have this information handy:

- Completed claim and disclosure authorization forms, which can be found online at Cigna.com/customer-forms
- Personal information, such as your name, address, phone number, birth date, Social Security number and email address
- Employment information, such as employer’s name, email address, date of hire and job title
- Doctor and hospital information – The name, address and phone number of each doctor or hospital you’re using for this accident, injury or illness
- Itemized medical bills, if available



For questions or to check on the status of a claim,
call **800.754.3207**, 8:00 am–8:00 pm (ET).



* Benefits may be paid directly to the hospital upon assignment.

**The term Hospital does not include a clinic or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care. Please refer to your plan documents as the actual definition of “Hospital” may vary by policy.

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