CIGNA

MEDICAL CLAIM FORM

PART A - MEMBER STATEMENT - Failure to Answer All Questions May Delay Payment

1. Employee Name	Street Address	City or Town	ZIP Code
2. Group Plan Number	ID Number	Are you still employed? ☐ Yes ☐ No	If no, enter date last worked
3. Date of Birth	Marital Status ☐ Single ☐ Divorced ☐ Married ☐ Widowed	Name of Your Employer	Occupation
4. Spouse's Date of Birth	Is your spouse employed? ☐ Yes ☐ No	If yes, enter the name and address of spouse's employer	
5. Are you or your dependents covered under another group insurance or government plan such as Medicare, an HMO or automobile no fault coverage, which will also cover any of the medical expenses on the claim? ☐ Yes ☐ No	If yes, enter name and address: Policy # / ID #: Family Member Holding Policy:		

6. Is claim for a dependent? ☐ Yes ☐ No	If yes, enter dependent name (first, last)	Sex ☐ Male ☐ Female	Date of Birth	Relationship to Member	If dependent is a child, are you entitled to a tax exemption? ☐ Yes ☐ No
6a. If child, is he/she married? ☐ Yes ☐ No	Is child over 19? ☐ Yes ☐ No	If yes, is child a full-time student? ☐ Yes ☐ No	If yes, enter name of school		
7. Is claim for an accident? ☐ Yes ☐ No	Date: Time:	Where did it occur?	While working? ☐ Yes ☐ No	How did it occur?	

8. SIGN HERE IF YOU WANT BENEFITS PAID TO DOCTOR/HOSPITAL **DATE:**

9. SIGN HERE FOR ALL CLAIMS **DATE:**

I hereby authorize any insurance company, hospital, or physician to release all information which may have a bearing on benefits payable under this plan of benefits.

PART B - DOCTOR OR SUPPLIER - Complete and Return to Patient

Patient's Name	Date of Birth	Date first consulted for condition	Has patient ever had same or similar symptoms? ☐ Yes ☐ No	Name of Referring Physician

Date patient able to return to work	**Dates of total disability**		**Dates of partial disability**	
	From	**Through**	**From**	**Through**

Diagnosis or nature of illness or injury. ***Relate diagnosis to procedure in column D by reference to numbers 1, 2, 3, etc. or DX Code***		**Is condition related to work incurred injury or illness?**
1.	3.	☐ Yes
2.	4.	☐ No

A Date of Service	**B** Place of Service	**C** Describe fully procedures, medical services, or supplies furnished for each date given: Procedure Code (Identify:)	(Explain unusual Services or Circumstances)	**D** DX Code (ID:)	**E** Charges

Signature of Physician Signed Date:	**Total Charges**	**Amount Paid**	**Balance Due**
Provider's Social Security # / Tax ID #	Physician's Name, Address, ZIP Code	**Telephone (Include Area Code)**	

Place of Service Codes

1. (IH) - Inpatient Hospital
2. (OH) - Outpatient Hospital
3. (O) - Doctor's Office
4. (H) - Patient's Home
5. - Day Care Facility
6 - Night Care Facility (PSY)
7. (NH) - Nursing Home
8. (SNF) - Skilled Nursing Facility
9. - Ambulance
10. (OL) -
11. (IL) - Independent Laboratory
12. Other Medical/Surgical Facility

Group Medical Claim - HOW TO FILE A CLAIM

Member

1. Complete Part A - One for each family member
2. If claim is for a dependent, also complete lines **6 & 6a**
3. If claim is for an accident, complete line **7**
4. For all claims, sign line **9**
5. If you want benefits paid to doctor/hospital, sign form on line **8**
6. Enclose a copy of other carriers' payment worksheet when you have other insurance.
7. **Ask your doctor to provide itemized bills with diagnosis for care**

Doctor/Dispenser

1. Complete Part B
2. Or, attach **Itemized Bill** which includes **Diagnosis** for care
3. **Sign form - return to patient**

Forward Completed Claim Forms to:

PO Box 188061

Chattanooga, TN 37422-8061

NOTE: Any person who, with intent to defraud or knowing that he is facilitating a fraud against a claims administrator of payer, submits an application or files a claim containing a false or deceptive statement is guilty of fraud. Such action is considered to be a felony in some states.

Authorization is valid for the duration of the claim. Claimant or Claimant's authorized representative is entitled to receive a copy of this form.

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Additional Disclosure Information

This Disclosure Information forms a part of the Application for Membership as fully as if it were contained over the applicant's signature.

Alaska residents - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona residents - 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.

Arkansas residents - 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.

California residents - For your protection California law requires the following to appear on this form. Any person who knowingly presents a 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.

Colorado residents - 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.

Delaware residents - 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.

District of Columbia residents - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida residents - Any person who knowingly, and with intent to injure, defraud, or deceives any insurer files a statement of claim or an application containing any false, incomplete, misleading information is guilty of a felony of the third degree.

Idaho residents - Any person who knowingly, and with intent or to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana residents - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky residents - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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.

Louisiana residents - 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 maybe subject to fines and confinement in prison.

Maine residents - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota residents - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire residents - 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.

New Jersey residents - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico residents - 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 civil and criminal penalties.

New York residents Fraud Warnings for AD&D only - Any person who knowingly and with intent to defraud any insurance company or other person files and 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio residents - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma residents - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive and insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon residents - 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 violating state law.

Pennsylvania residents - 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.

Tennessee residents - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas residents - Any person who knowingly presents a 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.

Virginia residents - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington residents - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Residence of all other states - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.