HOW TO SUBMIT A CLAIM

Cigna Hospital Care Insurance

A hospital stay can happen at any time and it can be costly.

Cigna Hospital Care insurance helps you and your loved ones have additional financial protection. We can help you cover qualified hospital stays - so you can focus on getting better. With Cigna Hospital Care, benefits are paid directly to the covered person, unless otherwise assigned,* after a hospitalization resulting from a covered injury or illness. You can use the money received from the hospital visit to help pay for:

- > Paying for child care or help around the house
- > Copays, deductibles or coinsurance
- > Follow-up care

How to file a claim

Claims should be reported as soon as possible. Claims can be reported by one of the following methods.



Complete and file your claim by phone

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



Complete and file your claim by fax, email or mail

- > Fax documents to our fax line at 860.730.6460
- **Email** scanned documents to **HospitalCare@Cigna.com**
- Mail documents to Cigna Phoenix Claim Services
 P.O. Box 55290
 Phoenix, AZ 85078





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

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.

What information will I need?

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 injury or illness

What happens after I file my claim?

We assign your claim to a designated claim manager. If they have any questions or need additional information, they will contact you, the beneficiary or provider to obtain the needed information.

How long does it take to process my claim?

After we receive all requested information, we will pay your claim quickly – in days, not weeks.

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.

Who can answer my questions?

Customer service representatives are available to answer any of your questions, call **800.754.3207** between 7:00 am and 7:00 pm, CST.



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