

## **INSTRUCTIONS TO COMPLETE CIGNA INSURANCE CLAIM FORM**

**PRIMARY CUSTOMER INFORMATION:** (Refers to SECTIONS A, B, C) Customer is referred to as the primary card holder or person responsible for paying health insurance. For example, if the Wife is the Patient and her health insurance benefits are covered under her Husband's employment, then the Husband is the "Customer."

### **SECTION D-E** CUSTOMER'S SOCIAL SECURITY NUMBER AND ACCOUNT NUMBER

**SECTION F** EMPLOYER NAME: Name of the Company of the Primary Card Holder or "Customer" In the example given above, this would be the name of the Husband's Employer.

**SECTION G** CUSTOMER STATUS: Is the Primary Card Holder or "Customer" currently employed, retired, disabled, etc?

**SECTION H** EFFECTIVE DATE: In response to Section G. For example, effective date of Disability.

**PATIENT INFORMATION:** Complete only if Patient is not the "Customer." For example, if the Husband is the Primary Card Holder and the Wife is the Patient, then the Wife completes this section. If the Husband himself is the Patient, then this section may be skipped.

**WORK RELATED ILLNESS OR INJURY:** Complete only if claim is related to accident or work related injury.

**FAMILY/OTHER COVERAGE INFORMATION:** Complete only if claim is for a dependent with other medical benefits other than Cigna.

**CERTIFICATION:** Primary Customers Signature Required

**\*\*PAYMENT INSTRUCTIONS: DO NOT sign this section. Payment is to be made directly to the Patient NOT the Health Care Provider (as stated on Patient Office Visit Receipt). JILL ADAMS NP, LLC does not hold any contract with Cigna and is a non-participating provider.**

**IF YOU HAVE ANY QUESTIONS REGARDING THE COMPLETION OF THE CLAIM FORM, YOU MAY CALL THE 800 NUMBER (MEMBER SERVICES) ON YOUR INSURANCE CARD.**

