



TOLL FREE CLAIM SERVICE:

1-888-371-1125

DATE: 09/07/2021

SUBSCRIBER NAME:

PATIENT ID:

CONTROL NUMBER:

Your explanation of benefits

Payment Summary

Payment made to: PROVIDER
Total paid: \$0.00
Check number: 0000000000

Payment detail by Patient

SUBSCRIBER	PATIENT	PATIENT ID	DATE OF SERVICE	TOTAL CHARGE	TOTAL PAID
		7692520*02	06/24/21-06/24/21	70.00	0.00
		7692520*02	07/01/21-07/01/21	70.00	0.00
		7692520*02	07/08/21-07/08/21	70.00	0.00
		7692520*02	07/15/21-07/15/21	70.00	0.00
		7692520*02	07/22/21-07/22/21	70.00	0.00
					\$0.00

Claim Details

If there are numbers in the 'See Remarks' column, Remarks will be explained at the end of this section.

PATIENT:

PATIENT ACCOUNT #:
PATIENT ID:
PATIENT'S RELATIONSHIP TO SUBSCRIBER: DEPENDENT
SUBSCRIBER:

PROVIDER:

PROVIDER NETWORK STATUS: In Network
INVOICE NUMBER:
CLAIM NUMBER:
RECEIVED DATE: 09/02/2021

SERVICE DATES	TYPE OF SERVICE	CHARGES	CONTRACT ADJUSTMENT	ALLOWED	NOT COVERED	DEDUCTIBLE	COPAY	COINSURANCE	TOTAL PAYMENT	SEE REMARKS
07/22/21	OFFICE	70.00							0.00	D081
07/15/21	OFFICE	70.00							0.00	D081

continued on next page

Claim Details (continued)

PATIENT: Garnett, Agnes

PATIENT ACCOUNT #:
 PATIENT ID:
 PATIENT'S RELATIONSHIP TO SUBSCRIBER: DEPENDENT
 SUBSCRIBER:

PROVIDER:
 PROVIDER NETWORK STATUS: In Network
 INVOICE NUMBER:
 CLAIM NUMBER:
 RECEIVED DATE: 09/02/2021

SERVICE DATES	TYPE OF SERVICE	CHARGES	CONTRACT ADJUSTMENT	ALLOWED	NOT COVERED	DEDUCTIBLE	COPAY	COINSURANCE	TOTAL PAYMENT	SEE REMARKS
07/08/21	OFFICE	70.00							0.00	D081
07/01/21	OFFICE	70.00							0.00	D081
06/24/21	OFFICE	70.00							0.00	D081
Patient's deductible / not covered			\$0.00							
Patient's coinsurance / copay			\$0.00							
Balance due from patient			\$0.00							

Status of policy deductible, out-of-pocket amount, and policy maximums.

All coinsurance amounts or out-of-pocket amounts applied to date, if applicable:

Your plan has an Unlimited out-of-pocket maximum.

Policy Maximums:

Your plan has an Unlimited Lifetime Maximum.

Remarks

D081 No authorization was received for these services, however, since the service was rendered by a participating the member is not liable. Please refer to your plan documents for additional information. You may also refer to the back of this form for instructions on how to appeal this decision.

The participant's employee benefit program provides reimbursement for behavioral services provided to the participant which are determined to be covered under the program. The employee benefit program and its contractors do not determine what behavioral services will be provided to the participant. The participant must make the determination of the behavioral services he or she wishes to receive in consultation with his or her provider, and the participant will be financially responsible for behavioral services not covered by the program.

Important participant information

If you are covered by more than one health benefit plan, you should file all your claims with each plan.

MBCOB1 08/19/19

Federal rights of review and appeal

Call Customer Service at the toll free number on this Explanation of Benefits (EOB) or your ID card if you have questions regarding this EOB.

If you are not satisfied with this coverage decision, you can start the Appeal process by submitting a written request to the address listed in your plan materials within 180 days of receipt of this EOB (unless a longer time frame is provided by applicable state law or permitted by your plan). Please follow the steps below to make sure that your appeal is processed in a timely manner.

Send a copy of this EOB along with any relevant additional information (e.g. benefit documents, clinical records) which helps to demonstrate that your claim is covered under the plan. Contact Customer Service if you need further instructions on how and where to send your request for review.

Be sure to include your 1) Name, 2) Group Number, 3) Employee/Patient ID number, 4) Name of the patient and relationship, and 5) "Attention: Appeals Unit" on all supporting documents.

You are entitled to receive free upon request access to, and copies of, all documents, records and other information relevant to your claim for benefits.

You will be notified of the final decision in a timely manner, as described in your plan materials. If your plan is governed by ERISA, you also have the right to bring legal action under section 502(a) of ERISA following our review.

For contracted physician or health care provider

If you have any questions or disagree with the payment reflected on the Explanation of Benefits, please consult Evernorth Behavioral Health's Medical Management Program for the grievance procedures.

P2374A 01/01/08

Glossary

Allowed: The amount that Cigna determines is reasonable reimbursement for covered services provided to you. This may be established in accordance with an agreement between a health care provider and Cigna.

Balance Due from patient: The part of the Charges you are responsible for. This amount might include your deductible, coinsurance, any amount over the maximum reimbursable charge, or products or services not covered by your plan.

Charges: What a health care provider charges a patient for a particular service or procedure.

Coinsurance: A shared cost between you and your health plan that equals the Allowed Amount for a covered service. This shared cost starts once you have met your deductible.

Contract Adjustment: The amount you save by using a network health care provider. Cigna negotiates lower rates with network health care providers to help you save money. Using out-of-network providers will cost you more.

Copay: A dollar amount you pay for an eligible health care or related service, typically due at the time the service is provided. When present, a copay is usually applied on a per occurrence, per admission, per day, or annual basis.

Deductible: A set amount you pay out of pocket in one plan or contract year for covered services before your health plan will start covering part of the cost.

Not Covered: The part of the Amount Billed that is not covered by, or eligible for payment under, your plan.

Out-of-Pocket Maximum: The total dollar amount a customer will pay toward the coverage of a health plan's benefits/services within a calendar or contract year

Total Payment: The part of the Charges that your health plan paid.

Additional Information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, You can contact your provider directly or you can print and fill out the request form and send it back to Cigna. Go to Cigna.com and click "Find a Form" at the bottom of the page. Choose "Privacy Forms," then "Cigna Health Care Privacy Forms." Print the **Request for Diagnosis and Treatment Code Information form** . If you have difficulty accessing the form, call Customer Service at the toll-free number listed on the back of your Cigna ID card.

If you don't agree with our final internal review of your claim, you may be able to ask for an independent external review. Your plan and any state or federal requirements determine whether your claim is eligible for external review. For questions about your appeal rights or for assistance, call the Employee Benefits Security Administration at 1-866-444-EBSA(3272) or go online to www.askebsa.dol.gov

Your state may also offer a consumer assistance or an Ombudsman program to help you. Go online to mycigna.com, click on the Legal Disclaimer link at the bottom of the page, and select "State Ombudsman/Consumer Assistance Programs" from the drop down menu. If you have difficulty accessing the website, call Customer Service at the toll-free number listed on the back of your Cigna ID card.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項:日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره‌گیری کنید).