

REQUEST FOR PROVIDER PAYMENT APPEAL



CIGNA HealthCare

Please check one:

- Level-One Provider Payment Appeal (Must be submitted in writing within **180 calendar days** of the date of the initial payment notice.)*
 Level-Two Provider Payment Appeal (Must be initiated within **60 calendar days** of the date of the Level One appeal decision letter.)*

*Subject to applicable laws and/or your provider agreement.

All requests for a provider payment appeal should include:

1. A completed provider payment appeal form (below) initiating the appeal **OR** a letter of appeal requesting review and indicating the reason for the appeal.
2. A copy of the original claim and explanation of payment (EOP) or explanation of benefits (EOB), if applicable.
3. Supporting documentation for reconsideration. For provider appeals with a clinical component (such as denied inpatient days, or services denied for no prior authorization), additional documentation should include a narrative describing the situation, an operative report, and medical records as applicable.

Provider Requesting appeal: _____ **Tax ID#:** _____

Provider of Denied Service: _____
(If different)

CIGNA HealthCare Member Name: _____ **Date of Birth** _____

CIGNA HealthCare Member ID#: _____ **Claim Number:** _____

Date(s) of Service: _____

Procedure(s) or Type of Service(s): _____

Diagnosis: _____

Reason for Appeal: _____ **Denied Inpatient Days **** _____ **No Precertification/No Prior-Authorization****

_____ **No Referral** _____ **Untimely Filing of Claim** _____ **Modifier/Code Review**

_____ **Fee Dispute** _____ **Other (specify)** _____

Clinical documentation attached:** **Yes** _____ **No** _____

**Appeals of Denied Inpatient Days or claims denied for No Precertification or Prior Authorization must include complete medical records.

Reason for Appeal/Supporting Information:

Preparer/Contact: _____ **Phone #:** _____

Please mail this completed form and supporting documentation to:

CIGNA HealthCare
PO Box 5225
Scranton, PA 18505-5225

Please allow 30 days (or the time permitted by applicable law) for processing of your appeal and communication of the appeal decision. Please submit one appeal form per claim. Thank you.

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