

CONNECTICUT GENERAL LIFE INSURANCE COMPANY
CHATTANOOGA CLAIM OFFICE
P.O. BOX 188002
CHATTANOOGA TN 37422-8002

CONNECTICUT GENERAL LIFE INSURANCE COMPANY
AS AGENT FOR

PUBLIC USE CCF ACCOUNT 1

JOHN DOE
P.O. BOX 54321
NEW YORK NY 10087-7731

Provider Name shows your name and the address where your reimbursement will be mailed. If any of this information is incorrect, please contact us.

Provider Number is a CIGNA-system generated number assigned to a specific health care professional.

Date Processed is the date your claim was processed, not the date service was received.

Payloc identifies the CIGNA field claim office that processed the claim.



CIGNA HealthCare

000043

Provider Number:
123456789 4321

Date through which claims were processed:
01 / 13 / 2008

Payloc:
043

How to Contact Us:

Mail to the return address in the upper left corner of this page

Phone

Provider Explanation of Medical Payment

Understanding this Benefits Statement

This page provides a summary of the payments made this period.

The accompanying pages give more detail on the claims we processed for this period. Please review both the front and back of each page to see how the benefit amounts in the Provider Explanation of Medical Payment Report were determined.

In the event a claim is denied.....

Rights of Review and Appeal - For Physician or Health Care Provider

If you have questions or disagree with the payment identified on this Explanation of Medical Payment Report, you may ask to have it reviewed. If you have a contractual agreement with CIGNA, please refer to the administrative guidelines associated with your CIGNA contract, or call our office for assistance.

Payment Summary shows the check number, amount of the check and the date the check was issued.

Check Number references a specific reimbursement. Please refer to this number when contacting CIGNA with questions.

Check Amount is the amount of your reimbursement.

Check Date shows the date the check was generated.

Payment Summary

Check Number: 00630369615

Check Amount: \$35.00

Check Date: 01 / 13 / 2008

Detach on Perforation Below - Please Cash Promptly



CONNECTICUT GENERAL LIFE INSURANCE COMPANY
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PUBLIC USE CCF ACCOUNT 1

CHECK #

00630369615

02/20/31

DATE
Payloc 012 01/13/2008

Provider #
123456789 4321

THIRTY-FIVE DOLLARS AND 00 CENTS

Pay
to the **JOHN DOE MD**
Order **PO BOX 54321**
of **NEW YORK NY 10087-7731**

Dollars \$ *****\$35.00

Void If Not Cashied Within 180 Days

CITIBANK DELAWARE
NEW CASTLE, DELAWARE

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK
ON THE BACK. HOLD AT AN ANGLE TO VIEW

Definitions of terms used on the Provider Explanation of Medical Payment Report

- Line:** Line item number.
 - Procedure Date:** Date you provided the service.
 - Procedure Code:** Code describing the service provided.
 - Adjusted Procedure Code:** Re-assigned procedure code (See Note).
 - Billed Amount:** Dollar amount you charged for service.
 - Adjusted Procedure Code Amount:** Dollar amount due to adjusted procedure code.
 - Allowed Amount:** Dollar amount covered by benefit plan.
 - Not Covered / Discount:** Part of "Billed Amount" Not Covered under the benefit plan or a Provider Discount.
 - Deduct / Copay Amount:** Portion of billed amount applied toward patient's deductible or copay (if any).
 - Coinsurance Amount:** The amount of the patient's coinsurance liability.
 - DRG / Per Diem Type:** DRG (Diagnosis Related Group) / Per Diem Category.
 - DRG / Per Diem Number:** DRG (Diagnosis Related Group) / Per Diem Code describing the service provided.
 - DRG / Per Diem Amount:** Dollar amount for DRG (Diagnosis Related Group) / Per Diem service provided.
 - DRG / Per Diem Benefit Amount:** Dollar amount payable by the benefit plan for DRG (Diagnosis Related Group) / Per Diem services.
 - Plan Benefit:** Dollar amount payable for services provided.
 - See Note:** If a portion or all of the charge is Not Covered, this is the written explanation of why it is Not Covered.
 - Other Insurance Paid:** The amount of another insurance carrier's payment.
-

Rub the red bar with your finger.
It will disappear and reappear if check is valid.
Endorse Here
X

DO NOT WRITE, STAMP, OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE.

Provider Explanation of Medical Payment Report

Provider Number 123456789 4321		Provider Name JOHN DOE MD				Date through which claims were processed 01/13/2008				THIS IS NOT A BILL Retain for Your Records			Page		
Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/Discount	Deduct/Copay Amount	Coinsurance Amount	DRG / Per Diem Type	DRG / Per Diem Number	DRG/Per Diem Amount	DRG/Per Diem Benefit Amount	Plan Benefit	See Note
PATIENT NAME: PENelope EGGLANT PATIENT#: OPERATION LOCATION/GROUP# U345-K-987654 RECEIVE DATE: 01/11/2008 PROCESS DATE: 01/13 MEMBER NAME: PAPPY EGGLANT SUBSCRIBER#: U12345678 REF#: 0430001104007 CHECK#: 00630569615															
1	06012005	49000		100.00								0.00	0.00	0.00	A
2	06012005	58150		3500.00		1491.09		1491.09				0.00	0.00	0.00	B
3	06012005			2996.61		1947.80		1908.91	3.89			0.00	0.00	35.00	B
		TOTAL		6596.61		3438.89		3400.00						35.00	
				BALANCE.....		85,405.89									
PAYMENT OF \$25.00 TO JOHN DOE MD WHY WAIT FOR THE MAIL? VIEW ELIGIBILITY, BENEFITS OR CLAIM DETAILS ONLINE ANYTIME AT HTTP://WWW.CIGNA.COM/HEALTH/PROVIDER/ #12 JCC															
A) PAYMENT FOR ONE OR MORE BILLED PROCEDURE CODES HAS BEEN DENIED BECAUSE IT IS CONSIDERED A COMPONENT OF THIS BILLED PROCEDURE. B) THANK YOU FOR USING THE CIGNA HEALTHCARE PREFERRED PROVIDER ORGANIZATION NETWORK.															

Refer to the 'Definitions of Terms' on page 2 for an explanation of this page.