

Cigna Healthcare Supplemental Health Solutions

Accidental Injury claims checklist

Please prepare the following to fill out and submit your Accidental Injury claim with ease.

Employee Basic Information

Also required when claimant is a child or spouse.

- Name
- Home address
- Social security number
- Date of birth
- Name of employer at time of claim
- Was the employee considered actively employed on the date of the incident? If no, what was the reason?

Accident information

Simply provide:

- Completed physician statement
(**preferred option** for fastest claim processing time)

OR

- All of the below:

- Date and location of accident/injury, diagnosis and how the accident occurred;
- Itemized bills for the injury showing diagnosis, dates of service and services performed;
- Physician/facility names, addresses and phone numbers

IF

- If the claimant was a driver in a motor vehicle accident, provide the police report.

Once information is gathered, please refer to the **How to File a Claim flyer** to submit your claim.

Please note:

- If dependent is an adult child and is disabled, also provide the SSDI Award letter.
- If the claimant was hospitalized, also provide a UB-04 Form (can be requested from the hospital billing department) or documentation outlining room and board charges or observation stay (with hospital arrival and discharge times) **AND** Medical documentation with procedure and diagnosis codes associated with the date(s) of treatment.
- If you are filing a claim on behalf of an insured claimant who is deceased, also provide the death certificate **and** a disclosure authorization for the deceased, which can be obtained from the policy holder's Human Resources department.
- Records can be obtained by contacting your medical provider or via your online medical portal.