

# Out-of-network provider negotiation request form.

Start your claim review process.

## Instructions

This form is for doctors, hospitals and other health care providers rendering services in New Jersey, that aren't in the Cigna Healthcare® network. The form asks for information about medical or behavioral health services supplied in compliance with the New Jersey Out-of-Network Consumer Transparency, Cost Containment and Accountability Act.

Sending in a completed form starts the claim review and negotiation process. Please read the whole form and completely fill it out. We cannot review forms with missing information.

If you need to initiate negotiation, use the mailing address on your payment notice. You may also email us at [NJ\\_Mandated\\_Arbitrations@cigna.com](mailto:NJ_Mandated_Arbitrations@cigna.com).

This mailbox should only be used for Out-of-Network claim negotiation requests for the state of New Jersey and is not intended for general inquiries.

## It's important to know that:

- You should not use this form to start a new claim, appeal or inquiry. It's only for negotiating a claim currently in process.
- Each claim needs its own form. If you have more than one claim in review, fill out a separate form for each one.
- Sending in this form does not guarantee that we'll make a different payment decision.

## Please fill in ALL of the information.

Cigna Healthcare claim number:

Subscriber's name:

Subscriber's Cigna Healthcare ID number:

Patient's name:

Patient's date of birth:

Date of service/admission:

EOP denial reason/message codes:

Provider name:

NPI number:

Tax ID number:

Address:

City, State:

Contact name:

Contact phone:

Request submission date:

Billed amount:

Patient's account number:

Last date of service/discharge:

Zip code:

Contact email:

Contact fax:

## Additional comments.