

# Shared Administration claim process

How to manage claims with Cigna-contracted Third Party Administrators (TPAs) and other Payers

Payer name	
Payer phone	
Payer website	
Instructions	

1	Customer makes appointment.	<ul style="list-style-type: none"> <li>&gt; Office verifies eligibility-at phone number listed above.</li> <li>&gt; Payer then verifies eligibility and benefits.</li> </ul>
2	Customer is seen for appointment.	<ul style="list-style-type: none"> <li>&gt; Provider sends claim to Cigna to review specifics.</li> <li>&gt; Cigna prices claim.</li> </ul>
3	Cigna sends claim to Payer.	<ul style="list-style-type: none"> <li>&gt; Payer pays claim according to benefit plan.</li> <li>&gt; Payer sends payment to provider.</li> </ul>

**SAMPLE ID CARD (Combined PPO network and pharmacy) <FRONT>**

Administered by

 **PROVIDENCE**  
Health Plan

myProvidence.com

Name \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Rx BIN # 600428 Rx Assistance for Pharmacists

Rx PCN # 01420000 888-445-5518

Outside Service Area Cigna PPO

"S" Indicates Shared Administration.  
In this arrangement, a TPA or other Payer pays the claims in accordance to Cigna's negotiated contract.

**<REVERSE>  
Important Requirements**

To verify benefits or eligibility, please call the Payer.  
Cigna does not house benefits information for our Shared Administration clients.

surgery (outside the physician's office)  
all for pre-treatment authorization  
fits. Emergency hospital admissions  
following admission (72 hours in some

Members should carry this card at all times. Emergency hospital admissions must be reported within 48 hours or by the next business day. Please review all plan requirements. Possession of this card does not guarantee eligibility or benefits. Benefits are not insured by Cigna or affiliates.

Providers in the PHP service area (including MH/SUD within OR/SW WA), send claims to: Providence Health Plan, P.O. Box 3125, Portland, OR 97208-3125

MH/SUD claims outside OR/SW WA, send to: Beacon Health Options, P.O. Box 1850, Hicksville, NY 11802-1850, Submitter ID: FHC & Affiliates

All other claims, send to: Cigna P.O. Box 188061, Chattanooga, TN 37422-8061 Payer ID# 62308

PIN

**AWAY FROM HOME CARE**

All claims come to Cigna for pricing. Cigna sends the claim to the Payer for payment.

