cigna healthcare

GURU
ABHISHEK GOYAL
PLOT NO. 4, ECHELON INSTITUTIONAL AREA, SEC
GURUGUAM/DELHI - 122001
INDIA

Questions About Your Claims?

For questions about this document, please visit our secure website, Cigna Envoy, at www.CignaEnvoy.com, or call the International Service Center at the number below:

Phone   1.800.569.3554 or 302.797.3337
Fax   302.797.3481

Customer ID #   209848779
Account Name / Account #
MCKINSEY & COMPANY / 00497A999

THIS IS NOT A BILL
Your health care professional may bill you directly for any amount that you owe.

Explanation of Benefits

Summary of claim(s) processed on March 6, 2024

Local Currency

Local Currency Total	1100.0000000	The total amount billed for all services submitted, which was in INR currency.

U.S. Dollars

Total	$13.28	The total amount billed for all services submitted. For international claims, this amount is converted to U.S. dollars based on the foreign exchange rate for the date of service.
Cigna Healthcare Discount	$0.00	Your total savings for the services submitted.
Cigna Healthcare Paid	$12.62	The total amount paid for the services submitted.
Amount Not Covered	$0.66	The portion of the services that are not covered by the plan or the amount not paid based on plan percentages.
Patient Responsibility	$0.66	The amount the patient is responsible for paying after discounts that Cigna Healthcare has negotiated and what your plan has paid. Refer to the glossary page for more information regarding patient responsibility.

Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description or insurance certificate governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations and applicable state mandates.

PLEASE SEE CLAIM DETAILS ON THE FOLLOWING PAGE(S)

Glossary

Amount Billed: The amount charged by the health care professional or facility (physician, hospital, etc.) for services provided to you or your covered dependents.

Amount Not Covered: The portion of your bill that is not covered by your plan. You may or may not need to pay this amount. See the remark codes section on the following pages for more information.

Coinsurance: A percentage of covered expenses you pay after you satisfy your deductible.

Copay or Copayment: A flat fee you pay for certain covered services such as doctor visits or prescriptions.

Deductible: The amount you may need to pay each year before your plan starts paying benefits.

Discount: Cigna Healthcare-negotiated fees for services provided by health care professionals. If applicable, the discount amount is subtracted from the amount billed.

Exchange Rate: The rate applied to convert local currency to U.S. dollars based upon competitively published rates in effect on the date service was provided. Plan benefits are calculated in U.S. Dollars. If services were billed in U.S. dollars and the claim is paid in U.S. dollars, then no exchange rate applies.

Local Amount Billed: The cost of the services, expressed in the local currency where services were rendered.

Patient Responsibility: The portion of the billed amount that is the patient's responsibility to pay. This amount might include the deductible, coinsurance, any amount over the maximum reimbursable charge, or products or services not covered by your plan.

Plan Percentages: The portion that the plan pays after any copay, deductible or coinsurance has been applied for the services submitted.

Payment Method: The U.S. or international banking system method in which a payment has been issued, for example an electronic transfer of funds to your bank account or a check.

Remark Codes: Letter codes which indicate that a message is printed on the Explanation of Benefits. We use remark codes for various reasons, for example, to notify you that a claim is pending. Pending means that the claim process is incomplete because additional information is needed. Other reasons include to explain why an expense was excluded (not covered) under the plan or to suggest actions that will simplify and possibly prevent delays in the payment of benefits.

Claim submissions tips

Please submit a separate claim form for each patient and year in which services were rendered. Please include the following information for each claim:

1. Account name and Account #
2. Customer ID #
3. Patient name
4. Health care professional or facility name
5. Date(s) of service
6. Type of service(s) / procedure(s)
7. Reason for the treatment / diagnosis
8. The country where the services were provided
9. Payment details including the payment currency

cigna
healthcare

Claim Detail

DATE PROCESSED: 03/06/24	**CUSTOMER NAME:** SANCHITA AGARWAL	**CUSTOMER ID #:** 209848779 02
SERVICES PROVIDED BY: INT'L PHYSICIAN		**PATIENT ACCOUNT #:** OPCA82-24/64044

Service Dates	Type of Service	Claim Number	Local Currency Total	Exchange Rate	USD Total	Discount	Amount not Covered	Copay	Deductible¹	Coinsurance²	Paid	Patient Resp.³	Remark Codes
02/26/24	Maternity Office	130429848	1100.0000000 INR	82.8620000	13.28	0.00	0.00	0.00	0.00	0.66	12.62	0.66	
Totals for SANCHITA AGARWAL:			1100.0000000 INR		$13.28	$0.00	$0.00	$0.00	$0.00	$0.66	$12.62	$0.66	

1 - The deductible is the amount you need to pay each year before your plan starts paying benefits.
2 - After the deductible is met, the cost of covered expenses shared by you and your health plan. The percentage of covered expenses that should be owed is called coinsurance.
3 - The portion of the billed amount that is the patient's responsibility in USD, including any amounts already paid.
* - Asterisks mean limited data

Remark Codes

Your payment has been sent by Wire Transfer

Other important information:

Payment Method: N/A
Benefits are being paid to: Cigna Health and Life Insurance Company

Missing a claim? If a claim has been submitted and it is not displayed above, that could mean the claim is in process. Please contact the Service Center to check the status of the claim.

Important Information about Your Appeal Rights

What if I need help understanding a denial? Contact us at the International Service Center number on your ID card, 24 hours a day, 7 days a week, if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I don't agree with this decision? You have a right to appeal any decision not to provide you or pay for an item or service (in whole or in part).

How do I file an appeal? You can appeal by submitting a written request. You have at least 180 days to file an initial appeal. Be sure to include: your name, account name and number, Customer Identification number, the patient's name, your relationship to the patient, and any other information you want us to consider. Mail to: **Cigna Healthcare Appeals Unit, PO Box 15800, Wilmington, DE 19850.**

Who may file an appeal? You or someone you name to act for you (your authorized representative) may file an appeal.

Can I provide additional information about my claim? Yes. Send a copy of this Explanation of Benefits along with any other information you believe shows your claim is covered under the plan, such as benefit documents and health records.

Can I request copies of information relevant to my claim? You can receive free copies of information relevant to your claim by calling the International Service Center.

What happens next? Your appeal will be decided by someone who was not involved in any previous decision regarding this claim. You will be notified of the final decision in a timely manner, as described in your plan materials. If we deny your appeal, your plan may allow you another internal appeal. If you are not satisfied with our final internal review, you may be able to ask for an independent external review of our decision as determined by your plan and any state or federal requirements. If your plan is governed by ERISA (Employee Retirement Income Security Act), you may have the right to bring legal action under section 501(A) after our review.

Other resources to help you: For questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.askebsa.dol.gov. Assistance may also be available through a consumer assistance or ombudsman program (if applicable, program information is listed below).

Delaware Department of Insurance
1351 West North Street
Suite 101
Dover, DE 19904
Telephone: (800) 282-8611
Email: consumer@state.de.us

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, please either contact your Health Care Professional, or go to http://www.cigna.com/cieb-privacy-forms or call the Customer Service number on the back of your ID card.

If you have difficulty reading English, we offer language assistance. For help please call the Customer Service number on your ID card.

Si tiene problemas para leer el texto en inglés, le ofrecemos asistencia de idiomas. Para obtener ayuda, por favor, llame al número de Servicio al cliente que figura en su tarjeta de identificación.

如果對您來說閱讀英文會有困難，我們可以提供您語言協助。欲取得協助，請撥打會員卡上的客戶服務電話號碼。

Kung nahihirapan ka sa pagbabasa ng wikang Ingles, nag-aalok kami ng tulong sa wika. Para sa tulong pakitawagan ang numero ng Serbisyo ng Customer sa iyong ID card.

Bilagáana Bizaad wólta' nił nanitł'ahgo, saad bee niká'a'doowołígíí hóló̜. Áká'a'áyeed biniiyé t'áá shǫǫdi áká'anídaalwo'go dabinaanishígíí bich'i̜' hodíílnih éí naaltsoos bee nee hózinígíí bikáa'gi bibéésh bee hane'é yisdzoh.

Für den Fall, dass Sie den englischen Text nicht verstehen, bieten wir mehrsprachige Unterstützung an. Rufen Sie in diesem Fall bitte die auf Ihrer Versicherungskarte angegebene Kundenservice-Nummer an.

Si vous avez des difficultés à lire l'anglais, nous offrons une assistance linguistique. Pour toute aide, veuillez composer le numéro du Service à la clientèle qui se trouve sur votre carte d'identification.