

Cigna
PO Box 188061
Chattanooga, TN 37422 - 8061



CIGNA HEALTH AND LIFE INSURANCE COMPANY

SENSIBLE
123 TEST AVE
STE 000
SAN FRANCISCO CA 94114

How to Contact Us

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

1-866-494-2111

www.CignaforHCP.com

Cigna
PO Box 188061
Chattanooga, TN 37422 - 8061

Subscriber ID

111000000

Check number / Date

000111111 / January 29, 2022

Check amount

\$742.50

Account name / Account #

TEST / 00222222

Explanation of payment

Claim for	Service dates	Amount Billed	Plan paid
Patient# 990000000 JOHN SMITH	04/11/22 - 04/14/22	\$5,700.00	\$742.50

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 the amount billed that was not covered or eligible for payment under your plan. Examples include charges for services or products that are not covered by your plan, duplicate claims that are not your responsibility and any charges submitted that are above the maximum amount your plan pays for out-of-network care.

Coinurance: A percentage of covered expenses you pay after you meet your deductible. The remaining balance in your healthcare account may be used to pay your deductible.

Copay: A flat fee you pay for certain covered services such as doctor visits or prescriptions. You can use the money in your reimbursement account to pay this fee.

Deductible: The portion of submitted charges applied towards your deductible. Your deductible is the amount you need to pay before your plan starts paying benefits. You meet your deductible by using the money in your health care account, then your own money.

Discount: The amount you save by using a health care professional or facility (doctor, hospital, etc) that belongs to a Cigna network.

Cigna negotiates lower rates with its in-network doctors, hospitals and other facilities to help you save money.

DRG/APC Code: DRG (Diagnosis Related Group)/APC (Ambulatory Payment Classification) Code describing the service provided.

In-network: A group of health care professionals and facilities (doctors, hospitals, labs, etc) that offer discounts on services based on their relationship with Cigna. Using in-network services gives you significant discounts, which help you stretch your health care account money further.

Out-of-network: Health care professionals and facilities (doctors, hospitals, labs, etc) that do not belong to the Cigna network. Depending on your plan, you can use out-of-network services, but you may pay more for the same services, and you might have to file a separate claim for reimbursement.

What my plan paid: The portion of the billed amount that was paid by your health care plan.

What I owe: The portion of the billed amount that is your responsibility. This amount might include your deductible, coinsurance, any amount over the maximum reimbursable charge, or products or services not covered by your plan.

Federal rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer Service at the toll-free number on the front of this form.

If you're not satisfied with this decision, you can start the Appeal process by sending a written request to the address listed in your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time frame is provided by applicable state law or permitted by your plan).

Please follow the steps below to make sure that your appeal is processed in a timely manner.

- Send a copy of this explanation of benefits along with any relevant additional information (e.g. benefit documents, medical records) that helps to determine if your claim is covered under the plan. Contact Customer Service if you need help or have further questions.
- Be sure to include: 1) Your name 2) Account number from the front of this form 3) ID number from the front of this form 4) Name of the patient and relationship and 5) "Attention: Appeals Unit" on all supporting documents.
- Contact Customer Service at the number on the front of this form to request access to and copies of all documents, records and other information about your claim, free of charge.
- You will be notified of the final decision in a timely manner, as described in your plan materials. If your plan is governed by ERISA, you may also bring legal action under section 502(a) of ERISA following our review and decision.

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and/or imprisonment certifies entitlement to this payment for benefits or services, circumstances affecting such entitlement have not changed and no false statements or representations have been made in support of the claim for payment. False representations could result in civil and criminal penalties.

Endorse here:

X

Do not write, stamp or sign below this line.
Reserved for internal use.



Claim received for JOHN SMITH
Reference # 111100000000
Subscriber ID 111000000

THIS IS NOT A BILL

Claim Detail

Cigna received this claim on January 25, 2022 and processed it on January 29, 2022.

Patient's relationship to subscriber: Dependent

Subscriber: JANE SMITH

Service dates	Type of service	DRG/APC Code	Amount billed	Discount	Amount not covered	Covered amount	Copay/Deductible	Plan paid	Coinsurance	Patient owes	See notes
SENSIBLE, Patient # 990000000 Provider network status: IN NETWORK											
123 TEST AVE											
STE 000											
SAN FRANCISCO CA 94114											
01/11/22	SERVICES		1,900.00	1,625.00	0.00	275.00	0.00	247.50	27.50	27.50	VPA
01/12/22	SERVICES		1,900.00	1,625.00	0.00	275.00	0.00	247.50	27.50	27.50	VPA
01/14/22	SERVICES		1,900.00	1,625.00	0.00	275.00	0.00	247.50	27.50	27.50	VPA
Total			\$5,700.00	\$4,875.00	\$0.00	\$825.00	\$0.00	\$742.50	\$82.50	\$82.50	

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 typically governs this, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.

Notes

VPA - CIGNA NETWORK DISCOUNT APPLIED. MEMBER NOT LIABLE.

- If you have any questions or concerns regarding the adjudication of your claims for mental health and/or substance use services, please direct them to Evernorth Behavioral Health, Inc. Attn: Appeals; P.O. Box 23487 Chattanooga, TN 37422

If you'd like information on how much the customer has met towards their accumulators (e.g., deductibles), please visit our website at cignaforhcp.com or contact customer service.

RETAIN THIS FOR YOUR RECORDS.

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