

# 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 Cigna's 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 **NonParProviderReimbursementDispute@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 Claim Number	
Billed Amount	
Subscriber's Name	
Subscriber's Cigna ID Number	
Patient's Name	
Patient's Date of Birth	
Patient's Account Number	
Date of Service/Admission	
Last Date of Service/Discharge	
EOP Denial Reason/Message Codes	
Provider Name	
NPI Number	
Tax ID Number	
Address	
City, State	
Zip Code	
Contact Name	
Contact Email	
Contact Phone	
Contact Fax	
Request Submission Date	

### Additional Comments.

**Together, all the way.®**



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