

CONTACT DETAILS

FOR HEALTH CARE PROVIDERS PER REGION



CONTACT DETAILS FOR HEALTH CARE PROVIDERS LOCATED IN EUROPE, AFRICA AND MIDDLE EAST			
Guarantee of Payment Eligibility Benefits		Invoices Bills	
Phone	+32 3 293 18 11	Fax	+32 3 217 66 20
Fax	+32 3 217 66 20	Email	bills@cigna.com
Email	authorization@cigna.com	Address	Cigna P.O. Box 19612 Greenock PA15 9DB Scotland
Website	www.cignaenvoy.com		
Claims status Reconciliation		Agreement Contract	
Phone	+32 3 293 18 11	Fax	+32 3 663 28 60
Fax	+32 3 217 66 20	Email	providernetwork@cigna.com
Email	providerquestions@cigna.com	Address	Cigna 299 Plantin & Moretuslei 2140 Antwerp Belgium
Website	www.cignaenvoy.com		

CONTACT DETAILS FOR HEALTH CARE PROVIDERS LOCATED IN NORTH AND SOUTH AMERICA			
Guarantee of Payment Eligibility Benefits		Invoices Bills	
Phone	+1 305 908 9211	Fax	+1 305 908 9091
Fax	+1 305 908 9091	Email	bills@cigna.com
Email	authorization@cigna.com	Address	Cigna P.O. Box 451989 Sunrise FL 33345 USA
Website	www.cignaenvoy.com		
Claims status Reconciliation		Agreement Contract	
Phone	+1 305 908 9211	Fax	+32 3 663 28 60
Fax	+1 305 908 9091	Email	providernetwork@cigna.com
Email	providerquestions@cigna.com	Address	Cigna 299 Plantin & Moretuslei 2140 Antwerp Belgium
Website	www.cignaenvoy.com		

CONTACT DETAILS FOR HEALTH CARE PROVIDERS LOCATED IN ASIA AND PACIFIC			
Guarantee of Payment Eligibility Benefits		Invoices Bills	
Phone	+603 2178 1411	Fax	+603 2178 1499
Fax	+603 2178 1499	Email	bills@cigna.com
Email	authorization@cigna.com	Address	Cigna P.O. Box 10612 50718 Kuala Lumpur Malaysia
Website	www.cignaenvoy.com		
Claims status Reconciliation		Agreement Contract	
Phone	+603 2178 1411	Fax	+32 3 663 28 60
Fax	+603 2178 1499	Email	providernetwork@cigna.com
Email	providerquestions@cigna.com	Address	Cigna 299 Plantin & Moretuslei 2140 Antwerp Belgium
Website	www.cignaenvoy.com		

INVOICES CAN BE SENT UP TO **1 YEAR AFTER DATE OF SERVICE** AND MUST INCLUDE

- Name and address of the health care provider
- Patient name and patient ID (see Cigna membership card)
- Employer name /Policy ID (see Cigna membership card)
- Patient's date of birth
- Diagnosis
- Description of all services given
- Detailed charge per each service
- Date of service
- Banking details/payment instructions