CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (CignaforHCP.com)

Claims Status Inquiry

This eCourse explains how to view and access:

- The status of your Cigna claims
- Service line details for each claim, including amount not covered, coinsurance, patient responsibility, and remark codes
- Payment information, including claim paid amount, check number, when a check or electronic funds transfer was issued, and payment method
- The remittance report associated with an electronic funds transfer





LOG IN TO THE WEBSITE

Cigna.	Enter Keyword SEARCH RESOURCES
LOGIN / REGISTER LEARN HOW TO REGISTER SITE BENEFITS	
Enter your User ID and Password, then elicity OCIN	h Care Professionals
then click LOGIN.	
If you are not registered to use the website, click REGISTER NOW.	User ID Forgot Password Don't have a user ID? TEMPORARY ID What is a temporary ID?
Site Tour Help Contact Us Disclaimer Privacy © 2012 CIGNA. All rights reserved. Cigna.	informed reform Verizon Cybertrust Security
	Cigna。

SEARCH FOR CLAIMS

Click CLAIMS > Search Claims to begin a claims search.



SEARCH FOR CLAIMS

	Search using one of five combinations. You can also select the date range for the search.
Claims Search	
PATIENT INFORMATION CLAIM/REFERENCE NUMBER	
Patient ID/Date of Birth ○ Patient ID/Name ○ Date of Birth/Name ○ Patient ID/Date of Patient ID/Date	Birth/Name O Provider Generated Patient Account Number Which combination do Luse?
Date of Service From To Select editable date range ✓ 02/01/2013 08/01/2013 Enter or set	lect the date of service for up to a 6-month range.
Patient ID Patient Date of Birth 455080349 09/04/1964	
Select Providers/Groups:(CTRL-click for multiple selections) All LAVENDER JOAN E PSYD	Once you've completed the required fields, click SEARCH.
SEARCH	

SELECT A CLAIM

Claims Search													
You s Patient MOD	You searched for: Patient ID: 911301101 Date of Birth: 12/29/1977 Patient First Name: Hannah Patient Last Name: Harris Date of Service ranges from: 02/01/2012 - 02/01/2012 VIEW COVERAGE MODIFY SEARCH NEW SEARCH												
				You click	can sort	your sea by of the	column h	s by eadings.		VIEW	•• All Claims	~	
<u>_</u> 2*	Claim/Reference Number	Provider Generated Patient Account Number	Date(s) of Service	Date Received	Date Processed	Paid Amount	Charge Amount	Patient Responsibility	Servicing Provider	Codes			
7	1303060082	2913681	11/01/2011	11/15/2011	12/02/2011	\$460.00	\$1,000.00	\$40.00	LAVENDER JOAN E PSYD	Paid	A2		
70	130306	2913682	02/01/2012 - 02/02/2012	02/21/2012	02/21/2012	\$0.00	\$500.00	\$375.00	LAVENDER JOAN E PSYD	Processed	A2		
24	1303060084 3 02/01/2012 07/22/2011 \$0.00 \$2,000.00 \$0.00 LAVENDER JOAN E PSYD Denied A2 Click the Claim/Reference Number of the desired claim to review detailed claim information. + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + <t< th=""></t<>												

VIEW CLAIM DETAILS

On this page you can view all the details of a claim.

h this pag	je you d	can vie	ew all	the det	alls of a	claim.					IN NEW	TAB, so the
Claim 1	20122	20032	2	Click DE the clair compare pages, v forth be	ETACH to o n details. D e the claim without hav tween page	open a no letach al details t ing to to es.	ew windo lows you o other v ggle bac	ow with i veb k and	h	VIEW DETAILS	page is e again lat	easy to open
Claim/Reference	Number:	12012Z	20032						DETACH USE	FUL LINKS 👻	≞ 3 -	
Claim Status:		Paid									\sum	
Claim Informat Claim/Reference Patient Name:	ion Number:	12012Z Brian B	20032 rown View	Coverage	Pay Pati Clai	vment Inform ent Responsib m Amount Paie	ation ility: d:	 \$85.	00		Prii you des	nt the page for ir records, if sired.
Provider Generat	ed Patient		2									
Service Providers	s:	JOAN L	AVENDER									
Date Received:												
Date Processed:			012									
HIPAA Status:		F1: 65										
Payment Detai	ls ndicate a paid amo	ount greater than	n the paid amo	unt listed in the d	etails above indicate a	bulk payment m	ade to the provide	er that includ	les payments fo	r other claims.		
Payee's Name	Payee's	Address	Check	k Amount	Check Number	Check Status	Check Is	sued	Check Cleared	d Payme	nt Method	
					900000451		09/19/20	12		EFT		
Procedures												
Procedure Code	Dates of Service	Amount Charged	Allowed Amount	Amount Not Covered	Deductible/ Copay Applied	Covered Balance	Plan Coinsurar Paid	nce Pa Ci	atient oinsurance	Patient Responsibility	Remark Code	
90801	01/04/2012	\$125.00		-	-		\$85.00				-	C :
Totals		\$125.00					\$85.00					lligna

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Click VIEW DETAILS

VIEW CLAIM DETAILS

Scroll down to view all the details of a chosen claim: payment details, procedure details involved in the claim, and the associated remittance report.

Payment Detail	s											
Checks that in	dicate a paid amo	ount greater tha	n the paid am	ount listed in the	details above i	indicate a bulk ;	payment made	e to the provide	er that inclu	ides payments fo	or other claims.	
Payee's Name	Payee's Address Check Amount Check Number Check Status Check Issued Check Cleared Payment Method											
						1		09/19/20	2012		Check	
Procedures												
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90801	01/04/2012	\$125.00						\$85.00		-		
Totals		\$125.00					\$85.00			-		
Remittance Rep	oorts Reports that are	more than 100	pages must b	e viewed in seg	ments by selec	cting an option	from the page	e range dropdo	own.			
VIEW 🁐 All Report Types 💌												Types 💌
Remittance Tracking Number	Tax Identific	ation Number	Paymen	t Date Depo	osit Amount	Product Typ	pe Repo	ort Type	Numb	er of Pages		
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