



# Provider Claim Submission Cover Sheet Asia and Pacific

Please always use this Cover Sheet when sending bills to Cigna



## Provider Information (for internal use only)

Provider Name	
Prov. Billing Address	
PIMS ID	
Eurocare Provider ID	
GHS Vendor ID	
WorldCare Provider ID	
Payment Method:	<input type="radio"/> Transfer <input type="radio"/> Check
Currency	



Is the information above incorrect? Let us know via [ProviderNetwork@Cigna.com](mailto:ProviderNetwork@Cigna.com).  
Please visit us on [Cigna Envoy for Providers](#) your go-to source for more information!  
Scan this QR Code or click the link above to visit Cigna Envoy for Providers.



## Claim Submission Information (check one of the following)

- ☐ This Claim is for multiple patients.  
☐ This Claim is for one patient.

Patient's Cigna ID Number	
Patient First Name	
Patient Last Name	
Patient Date of Birth	D <input type="text"/> M <input type="text"/> Y <input type="text"/>
Total Invoice Amount	Currency <input type="text"/>

Patient Signature

Date D  M  Y

Provider Stamp/Signature

Date D  M  Y



## What to Include with Your Claims:

1. Name & Address of Health Care Professional
2. Patient Information (Name, DOB, ID Number, etc.)
3. Patient Diagnosis
4. Description of all services received by patient
5. Itemized list of charges per service
6. Payment Details



## 3 Easy Ways to Submit your Claims:

Email to: [bills@cigna.com](mailto:bills@cigna.com)

Fax to: +603 2178 1499

Mail to: Cigna

P.O. Box 10612

Kuala Lumpur, Malaysia

50718

**FRAUD NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.