World Bank Foreign Claims Form

Administered by:
Cigna Health and Life Insurance Company

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Chattanooga, TN 73422-8037

Phone: 1.855.924.1518
(Outside the U.S.A., collect calls accepted)
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To submit claims via email for claims from dentists based Outside of the United States - WBGnonUSDentalclaims@cigna.com

Important Information: Please Read
Submit this completed claim form with itemized bills and receipts to the address or fax number listed above.
Tape small receipts on 8.5 x 11 inch or ISO A4 paper. Do not staple receipts to claim form. *Complete a separate Claim Form for **each** patient.*
In order for your health claim to be considered for reimbursement, you must complete and sign this claim form.

SECTION A: Employee and Patient Information

(Missing or incomplete information in the fields marked with ⅄ will delay payment of your reimbursement.)

COUNTRY WHERE SERVICES WERE RENDERED ⅄	DIAGNOSIS/REASON FOR TREATMENT ⅄	CIGNA ID NUMBER ⅄

EMPLOYER	EMPLOYEE NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) ⅄

PATIENT NAME (IF MULTIPLE, USE INDIVIDUAL CLAIM FORMS FOR EACH) ⅄	PATIENT DATE OF BIRTH (MM/DD/YEAR) ⅄	HOME PHONE NUMBER (REQUIRED FOR INTERNATIONAL WIRES)

PRIMARY MAILING ADDRESS (WHERE CHECK/EOB SHOULD BE SENT)	WORK PHONE NUMBER

CITY/STATE	COUNTRY/POSTAL CODE	EMAIL ADDRESS	FASCIMILE NUMBER

SECTION B: Payment Information ⅄

(Incomplete or incorrect information in this section may result in a check payment made in US Dollars and mailed to your Primary Mailing Address)

☐ PAY EMPLOYEE ☐ PAY PROVIDER

If neither of the above is checked, payment will be made to the Employee. Please be advised that if the provider of service is a provider in the U.S. and holds a contract with Cigna, payment will be made to the provider even if this section indicates otherwise. If the provider is contracted with Cigna, the provider will be paid by Cigna at the contracted rate. If you have already paid for services, you should seek reimbursement directly from the provider.

If payment is being made to **EMPLOYEE** – complete payment details below.
Restrictions to EFT, ePayment Plus, Wire Transfer or payment currencies may affect our ability to pay claims as requested.

PAYMENT TYPE	**POINT OF CLAIM PAYMENT OPTIONS**		
	☐ CHECK	MAILED TO YOUR PRIMARY MAILING ADDRESS ☐ U.S. DOLLAR	FOR OTHER AVAILABLE PAYMENT OPTIONS SEE THE BACK OF THIS CLAIM FORM MORE INFORMATION ALSO AVAILABE ON OUR WEBSITE www.MyCigna.com
	☐ WIRE TRANSFER	U.S. OR INT'L CURRENCY TO AN INTERNATIONAL BANK. BANK MAY ASSESS FEES FOR RECEIPT OF ELECTRONIC WIRE PAYMENTS. **FILL OUT THE BANK DETAILS SECTION BELOW**	

BANK DETAILS THIS SECTION FOR WIRE TRANSFERS ONLY		
	NAME ON ACCOUNT	ACCOUNT NUMBER (INTERNATIONAL BANK ACCOUNT NUMBER – IBAN)
	BANK NAME	BRANCH ADDRESS
	BANK CODE ABA / Routing / Swift / Bic / RUT/ BSB/ sort codes	CITY/STATE
	BANK ACCOUNT CURRENCY	COUNTRY/POSTAL CODE

Verify all account information, bank code requirements and currency requirements for your banking country to ensure the successful transmission of your payment. EFT, Wire Transfers, ePayment Plus may not be available in all countries to all members. **Incurred currency or U.S. dollar check may be issued as a default payment.**

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6/2022 (812849a)

SECTION C: Other Coverage Information
(Complete only if other coverage is in effect or if the claim is accident or work related)

DO YOU OR THE PATIENT HAVE ANY OTHER INSURANCE?	☐ YES	☐ NO	IF YES, PROVIDE THE NAME OF THE HEALTH INSURANCE CARRIER, EFFECTIVE DATE OF COVERAGE AND POLICY NUMBER
PLEASE INDICATE SOURCE OF COVERAGE:			
IS THE CLAIM ACCIDENT OR WORK RELATED?	☐ YES	☐ NO	IF YES TO EITHER, PROVIDE THE ACCIDENT OR INJURY DETAILS
PLEASE PROVIDE A DESCRIPTION OF HOW THE ACCIDENT OCCURRED:			
ARE YOU SEEKING REIMBURSEMENT FROM ANOTHER SOURCE?	☐ YES	☐ NO	IF YES TO EITHER, INDICATE THE SOURCE
REIMBURSEMENT SOURCE INFORMATION:			

⅄ Required information: Missing or incomplete information on this form will delay payment of your reimbursement.

SECTION D: Certification and Payment Authorization

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.

Note: The information provided on this form may be disclosed to other persons or entities, including my Plan Sponsor, for the purpose of processing this claim and performing health plan administration.

I authorize the release of any medical information necessary to process this claim. I certify that the information supplied is true and correct. I authorize payment as indicated in Section B of this claim form.

EMPLOYEE SIGNATURE: ______________________________ **DATE:** ______________________

IMPORTANT PAYMENT INFORMATION

*Electronic Funds Transfer (EFT)

EFT is only available for electronic payments made in U.S. Dollars to U.S. Bank Accounts. An EFT authorization form should be completed prior to claim submission. The form can be found on our website: **www.MyCigna.com** under Forms. Banking details will be updated within 10 business days after receiving the EFT authorization form. Within 24 hours of banking details being updated, Cigna can begin making electronic payments to the account. Claim payments made in the interim of receiving the authorization will be made by check in U.S. Dollars.

**ePayment Plus℠ (Int'l ACH)

International ACH payments are only available for electronic payments in the *United Kingdom, Spain, Germany, France, Belgium, Canada, Portugal, Hong Kong, Netherlands, Singapore, Australia, Denmark, Sweden, New Zealand, Norway, Austria, Italy, Ireland or Greece* in the local currency of that country. If an electronic payment is rejected due to incorrect bank account information, a local currency or U.S. dollar check may be issued until you correct your electronic account information through another claim submission with this claim form filled out. To cancel electronic deposits to your account you must select another payment method listed on this claim form for future claim submissions. Lifting fees and additional bank charges may apply - please contact your bank for details.

Wire Transfers

Wire transfers are only available for electronic payments made in Local Currency - wires will not be used to send U.S. Dollars to a U.S. Bank account. Wire transfers require complete and accurate information to be completed on the front of this claim form.

Default Payment Process

- Missing or incomplete information on this form will delay payment of your reimbursement.
- If Payment Type selected is unavailable your claims reimbursement will be issued as a check and mailed to the primary mailing address stated in this form. **Note:** All currencies are not available for some countries. If a currency or payment method is not available, the default payment is a U.S. dollar check.
- If your bank information submitted for enrollment in EFT or ePayment Plus is incomplete or incorrect, your claims reimbursement will be issued as a check and mailed to the primary mailing address stated in this form. You will receive reimbursements through the method of choice, once the correct information for EFT or ePayment Plus is received.