

Envoy Mobile App Claim Submission

Getting Started

New claim

Contact Information

Work Phone Number: 447985462697
Edit

Home Phone Number: 946686772
Edit

Current Eligible Members

EMPLOYEE TEST MEMBER
Relationship Employee
Date of Birth 01 Jan 1950
Edit
Delete

SPOUSE TEST MEMBER
Relationship Member
Date of Birth 01 Jan 1950
Edit
Delete

Continue

Cancel

cigna healthcare

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Step 1: Claim Details

Who is the claim for? *

EMPLOYEE TEST MEMBER

Does your claim relate to inpatient or Outpatient? *

An example of inpatient treatment is when you are admitted to a hospital for a period of time, which could be a few hours to staying overnight. Outpatient treatment is when you just visit the provider for a short time i.e. physiotherapy.

☐ Inpatient ☐ Outpatient

What were the symptoms and diagnosis? *

Example: headache, chest pain, breathing difficulty etc.

Which Country/Area was care received? *

Choose Incurred Country/Area ...

Could another insurer be liable for all or part of this claim? *

i.e. Is there healthcare insurance with another insurance provider or does your claim relate to an accident in which another party may be considered liable? (i.e. a car accident)

☐ Yes ☐ No

Is this claim as a result of a work related accident/injury? *

☐ Yes ☐ No

Who should be reimbursed? *

☐ Provider ☐ Member

Please upload any documents you have related to this claim. The most common types of documents required are: *

- Invoices
- Medical reports
- Prescriptions
- Progress reports (required for multiple sessions e.g. physiotherapy)

Please review all the documents you upload, ensuring they are clear and legible.

Upload Documents

You can upload following file types:
pdf.jpg.jpeg.gif.bmp.png
Individual attachment size cannot exceed 6 MB.
Total size of all attachments cannot exceed 30 MB.

Step 2: Payment Details

Only the insured person or their legal representative can complete the payment details.

Selected Bank Account for Electronic Payments

Beneficiary name
Test Beneficiary
Bank Name
Citi Bank
Bank Address
Tokyo
JAPAN
Account number
****9972
Account type
Checking
Account Currency
JAPANESE YEN
Bank Code
6738
Branch Code
289
Email Address
test@gmail.com
Delete

+ Add new bank details

Select another bank account

Or you can receive payment by post

Pay by cheque

Claims payment restriction

No claims will be paid directly or indirectly, in contravention of any restrictions imposed for example by the United Nations, the Office of Foreign Control (OFAC) of the US Treasury Department or the European Union in respect of countries subject to sanctions

Next

Cancel

Step 3: Review & Submit

Claim Details

> Claim 1 - EMPLOYEE TEST MEMBER

Payment Details

Beneficiary Name
Test Beneficiary
Bank Name
Citi Bank
Bank Address
Tokyo, JAPAN
Account number
****9972
Account type
Checking
Account Currency
JAPANESE YEN
Email Address
test@gmail.com
Payment Method
ACH
Bank Code
6738
Branch Code
289

Edit payment details

Legal Disclaimer *

I certify, to the best of my knowledge, that this claim does not contain any false or misleading information. I certify that the information supplied is true and correct.

I authorize payment as indicated in the payment section details.

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 materiality 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.

☐ I agree to the legal disclaimer

Your claim has been submitted

Please print this page or write down the submission number for reference.

✔ Your claim submission number is: **07922074**

What happens next

- Your claim will be reviewed upon receipt
- you can check the status of the claims page within 5-7 days

Submit a new claim

Return to Cigna Envoy home page

Added benefits that make this easy...

- **Started a claim, but not ready to finish?** Pause and come back later; you can even switch between app and website.
- **Want flexibility in how you receive your payment?** Use a previous method, or add a new online or check payment method.
- **Whole family went to the doctor at the same time?** No problem; use one claim form, with details entered for each family member.
- **Claim details in email or PDF?** Take a screenshot and use the option to upload from Gallery, instead of taking a picture.

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