

Cigna Healthcare Supplemental Health Solutions

Hospital Care claims checklist

Please prepare the following to fill out and submit your Hospital Care claim with ease.

Employee Basic Information

Also required when claimant is a child or spouse.

- ☐ Name
- ☐ Home address
- ☐ Social security number
- ☐ Date of birth
- ☐ Name of employer at time of claim
- ☐ Was the employee considered actively employed on the date of the incident? If no, what was the reason?

Hospital information

Simply provide:

- ☐ UB-04 Form – Can be requested from hospital billing department
(**preferred option** for fastest claim processing time)

OR

- ☐ Completed physician statement

OR

- ☐ All of the below:
 - Documentation outlining room and board charges or observation stay (with hospital arrival and discharge times);
 - Medical documentation with procedure and diagnosis codes associated with the date(s) of treatment

Once information is gathered, please refer to the **How to File a Claim flyer** to submit your claim.

Please note:

- If the claimant was a driver in a motor vehicle accident, also provide the police report.
- If you are filing a claim on behalf of an insured claimant who is deceased, also provide the death certificate **and** a disclosure authorization for the deceased, which can be obtained from the policy holder's Human Resources department.
- Records can be obtained by contacting your medical provider or via your online medical portal.

A Hospital Admission and Hospital Stay benefit is typically paid when a Covered Person is formally admitted and confined to a hospital or facility for a period of time requiring at least one overnight stay and is charged for at least one full day's hospital room and board.

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