

DID YOU PAY UP FRONT FOR A COVERED PRESCRIPTION?

Your refund request begins here!



Requirements

This type of payment request (a personal drug claim) cannot be processed without the following items.


1. Your Cigna ID number
2. Your Cigna Group number
3. Detailed pharmacy-generated label receipts

Claims missing information may be denied or delayed.

Submitting receipts

For all prescriptions, label receipts must display:

1. Patient's name
2. Fill date
3. Drug name and strength
4. 11-digit National Drug Code (NDC)
5. Quantity received and day supply
6. Pharmacy name and address
7. Pharmacy identifier (NABP or NPI #)
8. Prescriber's name
9. Cost of each medication (shown as paid in full)

ABC PHARMACY Ph: 555-123-0001 123 Main St. Anytown USA 12345 NABP 1000001	Customer copy Allergies: NO
 01 222222 033 04 050000	Filled 12/01/2014 Rx # 123456 12:56 p.m.
Sample, Barney - DOB 01/01/1955 444B Main St. Anytown USA 54321 Ph: 555-123-0002	
Generic drug 500mg - Qty: 15 - Days Supply: 5 Prescriber: John A. Doctor NDC # 10001-0022-20 DAW: 0 Refills: 0	Retail: \$19.88
Insurance pay: n/a	Patient pay: \$19.88

Using the claim form

For a TIMELY response to your prescription refund:

- Use a Prescription Drug Claim Form, which has been designed for Cigna drug plans.
- Submit a separate form for each family member.
- Clearly write your Cigna ID number and the plan's group number on the claim form.
- Be sure that you are referencing your Cigna ID card (see example above).

TPV logo	****SAMPLE****	Client logo
Legal entity name Group: 1234567 Coverage effective date: MM/DD/CCYY Issuer (80840) ID: U23456789 01 Name: John Public This plan is self-funded by: ID card account name Fund #: SAR1 RbBN Rx Bin R/PCN XXXXXXXX DOB	Provider network: Cigna HealthCare PPO Doctor visit \$10 Specialist \$20 Copayment In-network 90% / 10% Out-of-network 70% / 30% Rx 30% / 40% / 50%	Deductible applies

Did you fill a compound prescription?

If you filled a compound prescription out-of-network:

- The compound receipt must show details for each prescription ingredient.
 - Example: Your compound product was made using three ingredients. The receipt should list ALL three ingredients in detail.
- If the compound prescription receipt does not itemize each prescription ingredient, we will not be able to process your request.
- A Universal Claim Form for a Compounded Medication can be accepted in place of a Cigna claim form.

Important: Customers who send paper claims for In-network compound purchases may receive a lower refund. Compounds should be billed by the pharmacy, and paper claims are not necessary.

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