



World Bank Foreign Claims Form

Administered by:
Cigna Health and Life Insurance Company

Mailing Address: Cigna Dental
P.O. Box 188037
Chattanooga, TN 73422-8037

Phone: 1.855.924.1518
(Outside the U.S.A., collect calls accepted)
Fax: 859.550.2662

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 ^ D		AGNOSIS/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		FOR OTHER AVAILABLE PAYMENT OPTIONS SEE THE BACK OF THIS CLAIM FORM MORE INFORMATION ALSO AVAILABE ON OUR WEBSITE www.MyCigna.com
	<input type="checkbox"/> CHECK <input type="checkbox"/> U.S. DOLLAR	MAILED TO YOUR PRIMARY MAILING ADDRESS	
	<input type="checkbox"/> 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	CITY/STATE
	ABA / Routing / Swift / Bic / RUT/ BSB/ sort codes	COUNTRY/POSTAL CODE
	BANK ACCOUNT CURRENCY	

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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