

WELL-BEING CHOICES CLAIM FORM



Please complete this claim form and submit via your member portal along with an original dated itemised receipt containing the practitioner's name, address and telephone number. If your receipt is missing any of this information your claim will be pended. Please submit to us within six months of the completion date. If you don't submit this information within this time, your claim may be denied.

Alternatively, email: UKmedicalclaims@cigna.com Or post to: **Claims department, Cigna HealthCare, 1 Knowe Road, Greenock, PA15 4RJ**

Name of member:															
Date of birth : / /						Cigna ID number:									
Claim settlement (please carefully read note below before completing this section)															
Name of account holder(s):															
Branch sort code								Bank account no.							

IMPORTANT NOTES - PLEASE READ CAREFULLY

- Please consider giving us your bank account details as a direct payment to your account will improve our claims turnaround service to you. If you wish payment made directly into your bank account, you must enter your bank details on every claim form you send us (otherwise we will pay you by cheque). All bank details you provide Cigna with will be kept secure and will only be used to pay your claim.
- Settle the bill direct with your provider and remember to obtain a full payment receipt. It is advisable to retain copies or details of all bills or receipts submitted for your own reference.
- If you plan to submit your claim form through the member portal you **do not need** to complete your bank details on this form. You will be prompted to submit your bank details after you upload your claim form.

Services	Please select the service you are claiming for	Provider	Services limits	Monetary limit per annum
Cancer checks		Check4Cancer	Up to limits in Check4Cancer price list	Full refund up to well-being choices limit
Health assessments		Nuffield Health	Up to limits in Nuffield Health price list	Full refund up to well-being choices limit
Physical therapy: physio sessions		Nuffield Health	4 sessions	£200
Physical therapy: chiro sessions		Your provider of choice	4 sessions	£200
Personal Training sessions		Your provider of choice	3 sessions	£100
Life coach therapist sessions		Your provider of choice	6 sessions	£300
Nutritional sessions		Your provider of choice	4 sessions	£200
Date completed	/ /		Amount Paid	£

Full details on these benefits can be found on www.cigna.co.uk/wellbeingchoices. You will find your well-being choices limit in your Member Guide.

We reserve the right to confirm the details you provide with the treating practitioner and remind you that any incorrect information may result in us denying your claim.

Cigna does not give medical care or medical advice on any of the services detailed above. Other than where a particular provider is specified, or where agreed otherwise with Cigna, you may choose your own provider. We do not recommend any healthcare providers or any medical professionals. Any decision that you make about your health is your responsibility. We recommend that before seeking treatment you satisfy yourself that they are an appropriately qualified and regulated health care professional.

CONSENT TO PROCESS YOUR DATA			
In order to handle your claim, we are required to process your sensitive personal information, in particular your health and medical information. If you do not provide your consent for us to process your sensitive personal information, we will be unable to handle or pay your claim. Complete information about how we will process your information, and how you can withdraw your consent to us processing your sensitive personal information, can be found in our Data Protection Notice at www.cigna.co.uk/privacy.html . I hereby consent to Cigna processing the sensitive personal information provided in this form in order to process my claim.			
Signature of claimant (or parent/guardian if under 13)			Date
I hereby declare that the statements on this form are true and accurate.			
Signature of claimant (or parent/guardian if under 13)			Date
Please ask your specialist to complete the reverse of this form.			