

CareLink — Cigna as Primary Administrator Provider Payment Dispute Form

Complete all areas of this form and attach the appropriate documentation as well as a signed letter stating the reason why you are filing a payment dispute. Detailed descriptions of information required to process a provider dispute are located in the [CareLink Provider Payment Dispute Policy](#).

Note: CareLink — Cigna as Primary Administrator claims are not adjustable on Tufts Health Plan’s website.

Corrected Claims should **not be sent to the address on this form**.

NOTE: The address on this form is used exclusively for appeals.

- Send corrected claims to the address on the back of the member’s identification card. If the member’s identification card is not available, refer to Cigna’s website cigna.com or contact Cigna’s Customer Service Department at 800-244-6224.
- CMS-1500 claims must be stamped corrected claim.
- All UB-04 claims must have a Type of Bill to reflect a corrected/changed claim.

Refer to the [Claims Submission Policy](#) for additional information.

Today’s date: _____

CareLink Subscriber/Member Name:	
Subscriber Identification Number:	
Member Name:	
Date of Birth:	
Date(s) of Service:	
Procedure/Type of Service:	
Phone Number:	
Claim Number:	
Provider ID# (Internal Use Only)	

Disputes should be mailed to the following address:

- Cigna
National Appeals Unit
P.O. Box 188011
Chattanooga, TN 37422

The following is a list of required documentation

(check and submit all that apply):

- Invoice Attached
- Office Notes Attached
- Operative Notes Attached
- Proof of Timely Filing
- Radiology/Pathology Report(s)
- SOA/EOB with Claim Circled
- Typed Letter of Medical Necessity Explaining Why the Service was Necessary

[Provider Services](#)