

## **MEDICAL CLAIM FORM**

- Please write clearly in black ink and **BLOCK CAPITALS**.
- This claim form contains personal data. Please don't share this with members outside your family.
- Please complete a separate claim form for each patient and for each currency. 3.
- Return this form with original invoices (no staples) to:

Cigna, P.O. Box 69, 2140 Antwerpen, Belgium

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_	Is the claim covered by another insurance? No Yes  If yes, specify the amount and the insurance company and include the insurance statements (settlement notes, invoices, etc.)																										
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Signature of the plan member