

## CareLink<sup>SM</sup> — 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](#) 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 [Commercial Provider Manual](#) for additional information.

Today’s date: \_\_\_\_\_

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

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](#)