

Cigna Healthcare Supplemental Health Solutions

Critical Illness claims checklist

Please prepare the following to fill out and submit your Critical Illness claim with ease.

Employee Basic Information

Also required when claimant is a child or spouse.

- Name
- Home address
- Social security number
- Date of birth
- Name of employer at time of claim
- Was the employee considered actively employed on the date of the diagnosis? If no, what was the reason?

Critical Illness Information

Simply provide:

- Completed physician statement
(**preferred option** for fastest claim processing time)

OR

- All medical records related to the covered Critical Illness, including pathology if applicable. Please refer to page 2 for a list of required documentation. If your diagnosis is not listed on page 2, please provide all related medical records.

Once information is gathered, please refer to the **How to File a Claim flyer** to submit your claim.

Please note:

- If you are filing a claim on behalf of an insured claimant who is deceased, also provide the death certificate **and** a disclosure authorization for the deceased, which can be obtained from the policy holder's Human Resources department.
- Records can be obtained by contacting your medical provider or via your online medical portal.

Specific conditions require specific documentation. For a list of those conditions/documentation, please refer to the table below.

Advanced Heart Failure	<ul style="list-style-type: none"> Echocardiogram, Nuclear Scan, or Cardiac Catheterization Reports Hospital admission records/reports showing elevated BNP and abnormal left ventricular function
Advanced Obesity	<ul style="list-style-type: none"> Bariatric surgery report Medical records showing body mass index (BMI) Records of clinically significant obesity-related comorbidity Provider statement confirming the customer failed to achieve and maintain medically managed weight loss Evaluation report from a Metabolic and Bariatric Surgery Accreditation Quality Improvement Program (MBSAQIP) accredited bariatric program within the previous six months, including nutritional evaluation, clearance by mental health provider, and medical recommendation
Aortic or Cerebral Aneurysm	<ul style="list-style-type: none"> Records of the repair procedure
Benign Brain Tumor Either the medical records OR the pathology are required, not both.	<ul style="list-style-type: none"> Medical records or clinical documentation supporting the diagnosis Pathology/biopsy/tissue specimen results diagnosing the benign brain tumor
Blindness	<ul style="list-style-type: none"> Visual Acuity results Visual Field testing if vision loss is for visual field loss Evidence of permanency and irreversible loss of vision in both eyes from history of vision loss and diagnosis
Cancer/Carcinoma in Situ	<ul style="list-style-type: none"> Oncology records Biopsy/pathology results All medical records for the last 12 months before date of diagnosis for the lookback investigation
Coronary Artery Disease	<ul style="list-style-type: none"> Echocardiogram Angiogram Cardiac Catheterization report Operative note from coronary artery bypass graft (CABG) Medical records documenting the percentage blockage of blood flow to the heart
Crohn's Disease	<ul style="list-style-type: none"> Physician records documenting chronic inflammation of the digestive tract Biopsy results
End State Renal (Kidney) Failure	<ul style="list-style-type: none"> Records from dialysis center, if listed on claim form, or from nephrologist documenting chronic irreversible failure of both kidneys and date of dialysis prescription Office notes/history from nephrologist Renal biopsy is available
Heart Attack	<ul style="list-style-type: none"> Echo or imaging study EKG results Laboratory results including biomarkers Post myocardial infarction (MI) evidence of permanent heart damage; can be from cardiac catheterization, echocardiogram or stress test
Invasive Cancer	<ul style="list-style-type: none"> Medical records, including biopsy/pathology results
Major Organ Failure	<ul style="list-style-type: none"> Medical records documenting placement on a national registry for organ matching administered by UNOS and recommendation from a physician to undergo a human-to-human organ transplant
Paralysis	<ul style="list-style-type: none"> Records indicating the complete, irreversible and permanent loss of function in two or more non-severed limbs, not resulting from stroke, multiple sclerosis or cerebral palsy
Parkinson's Disease	<ul style="list-style-type: none"> Neurology notes showing clinical findings of signs related to Parkinson's disease
Pulmonary Embolism	<ul style="list-style-type: none"> Physician records Imaging results confirming thrombus in pulmonary circulation
Severe Sepsis	<ul style="list-style-type: none"> Hospital records from sepsis hospitalization Medical records documenting organ dysfunction and blood pressure of less than or equal to 100 systolic
Skin Cancer	<ul style="list-style-type: none"> Biopsy results
Stroke	<ul style="list-style-type: none"> All neuro imaging studies results Documentation that neurological deficits exist after four days

*The list of documentation needed is a detailed sample only. Additional medical records may be required if deemed necessary during the claim review process.

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