22572

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

WHAT-TO-DO-NEXT?

1. Print this claim summary.
2. Sign it.
3. Send this claim summary together with all original supporting documents by post.
4. You can track the progress of your claim online.

CLAIM-SUMMARY

Claim-for-NAME of PERSON

This-document-provides-a-summary-of-the-data-you-entered-online.-The-complete-information-has-been-sent-to-Cigna.

CLAIM--13/03/2017

Patient: NAME SURNAME ----°-17/07/1976
Personal-reference-number: 014/03239
The-expenses-are-(partially)-covered-by-another-insurance:-No
The-claim-is-(partially)-related-to-an-accident:-No

PAYMENT-INFORMATION

Payment-method:- Bank transfer
Currency:-EUR
Name-account-holder:-NAME SURNAM
IBAN:-**********0200
Bank-name:-COMMERZBANK

INVOICES

#	DATE	AMOUNT	TYPE-OF-CARE	PLEASE-PROVIDE-THE-FOLLOWING-DOCUMENTS-OR-INFORMATION
1	10/03/2017	1.00-EUR	Medication	The-invoice A-doctor's-prescription

TOTAL-AMOUNT CLAIMED: **1.00-EUR**

TERMS AND CONDITIONS

In view of the smooth administration of the contract and/or settlement of the insurance claim, and only for that purpose, I hereby give my specific and informed consent regarding the processing of the medical data concerning myself and/or the members of my family (article 6 of the Belgian law of 8 December 1992 concerning the private life). I certify that the above information to the best of my knowledge and belief is correct and true. The issuance of false claims, the provision of misleading information or the withholding of information related thereto are offences punishable by law. I hereby confirm that I have read and fully understood Cigna's privacy policy (https://www.cignahealthbenefits.com/en/privacy) and give my consent to the processing of my personal information (including medical data) as defined in Cigna's privacy policy.

☑ I-accept-the-terms-and-conditions.

Sign-here:

Date:-13/03/2017