

# HOW TO COMPLETE A MEDICAL PROVIDER FORM

Cigna PPO Network





## First Visit with a Provider

The Ascend to Wholeness Healthcare Plans is not an insurance plan. The Ascend to Wholeness Healthcare Plans (the Plan) is a self-funded church health plan. Please keep this in mind when completing the medical provider forms.

Here is a sample provider form that requests 'Primary Insurance' information. Follow the corresponding numbers to complete your medical provider form.

PRIMARY INSURANCE		
NAME OF INSURANCE COMPANY 1		MEMBER# 3
NAME OF INSURED 2		GROUP# 4
ADDRESS OF INSURANCE COMPANY 6		POLICY# 5
CITY, STATE ZIP	PHONE 7	RELATIONSHIP TO PATIENT

## CIGNA NETWORK - FRONT OF CARD

		<b>7 For Questions?</b> (888) 276-4732 <a href="http://www.AscendtoWholeness.org">www.AscendtoWholeness.org</a>		Administered by  <b>WebTPA</b>	
<b>4 Group #: ARM</b>					
<b>2 Member: JOHN SAMPLE</b>					
<b>3 Member #: A0123456-01</b>					
<b>5 Cigna Policy # 0123456 "S"</b>					
<b>Effective Date:</b>					
<b>MED+DENT+VIS+RX</b>					
	INN	OON			
IND DED	\$350	NOT COV			
FAM DED	\$700	NOT COV			
IND OOP	\$2850	NOT COV			
FAM OOP	\$5700	NOT COV			
					
			<b>No Referral Required</b> To find a medical provider visit <a href="http://www.myCigna.com">www.myCigna.com</a>		
			 <b>EXPRESS SCRIPTS®</b>		
			Participants: (800) 841-5396 Pharmacists: (800) 922-1557 RX Bin: 610014 RX Group #: SDARETL <b>RX OOP Max:</b> Ind. \$1250 / Fam. \$2500		

## CIGNA NETWORK - BACK OF CARD

**7** Verification, Pre-Certification, Claims, Member and Provider Services: Call (888) 276-4732

**6** Cigna Network (Medical & Dental Claims) P.O. Box 188061, Chattanooga, TN 37422-8061  
Payor ID 62308

Plan Administrator: Adventist Risk Management, Inc.

---

**Members:** Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan document your physician must call for pre-certification. Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission (72 hours in some states).

**Providers:** Pre-certification must be obtained for services as specified in the member's plan. For pre-certification, call the number shown on this card.

---

Submit Vision claims to - WebTPA - PO BOX 99906 - Grapevine, TX 76099-9706 or EDI: 75261

For Telehealth information, visit [www.AscendtoWholeness.org](http://www.AscendtoWholeness.org)

**Notice:** Possession of the card or obtaining precertification does not guarantee coverage or payment for the services or procedure reviewed. **Benefits are not insured by Cigna or affiliates.**

To find a Dental provider, visit [www.CignaDentalSA.com](http://www.CignaDentalSA.com)



Please note, WebTPA is the Plan's Third-Party Administrator (TPA).

Cigna is the Preferred Provider Organization (PPO) that the Ascend to Wholeness Healthcare Plans utilize. They are NOT our 'insurance'.

If you have any questions, please call Member Services at **(888) 276-4732**.