

How to submit a claim on myCigna®

**Submit a claim. Get paid.
It's that easy.**

Answer a few questions online,
and we'll take care of the rest.

Customer Login

Username

[Forgot Username?](#)

Password

[Forgot Password?](#)

[Show](#)

Log In

Haven't created an account yet?

Register

Registrarse en Español

Follow these steps >



Collect your payment in 4 quick steps.

Cigna Healthcare® Supplemental Health insurance helps make life easier by providing cash benefits for covered events, giving you financial peace of mind. That's support and protection when it matters most – from the everyday to the extraordinary moments.

We've made the process quick and easy with the myCigna app* and myCigna.com®.

Just follow these basic steps to have the payment sent to you promptly.



Get ready



**Submit your
claim**



**Set up
direct deposit**



**View
claim status**



* Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. App/online store terms and mobile phone carrier/data charges apply.

Actual myCigna features may vary depending on your plan and customer profile.

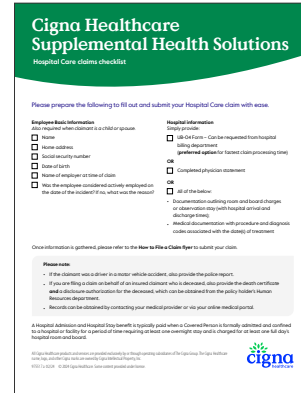
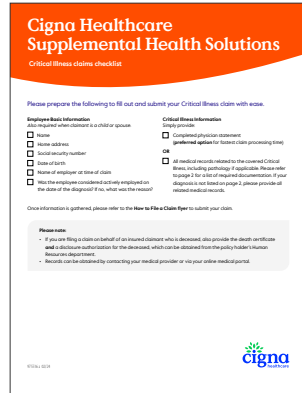
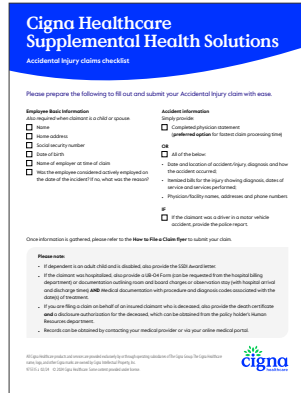
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1 Get ready.

See what you'll need before you begin.

Use a pre-claim checklist to make the process go smoothly.

We're here to help even before you submit your claim. While most claims require similar information, our pre-claim checklists walk you through what you'll need to complete your claim and which required documents are needed for fast processing, like a physician statement form completed by your provider.



Click on the left to view and download a claim filing checklist. You can also download the claim filing checklists by logging on to myCigna.com®, then click on Claims/Forms Center.

Physician Statement Form

For the fastest claim processing, please include a completed Physician Statement Form for an Accidental Injury and Critical Illness claim, or a UB-04 Form for a Hospital Care claim.

The good news is, you don't need to be a medical expert. Your doctor or hospital will know what to do.

When you're done, a Cigna Healthcare Claims Advocate will review your claim and contact you if anything more is needed.

Cigna Healthcare Supplemental Health Solutions
Physician Statement Form



This document is confidential and proprietary to Cigna Healthcare

Note: * = Required field

Note: Have your Attending Physician complete Section 2 as proof of treatment. When completed, send this completed form alongside the supporting documentation from the Physician to SuppHealthClaims@Cigna.com or upload into your myCigna.com account. We will contact you if we need additional information to process the claim.

SECTION 1: CLAIMANT INFORMATION		
Name (First & Last):*		Date of Birth (mm/dd/yyyy):*
SECTION 2: ACCIDENTAL INJURY		
How did the accident happen?*		Date of Accident*
		List all applicable ICD-10 Diagnosis Codes*
Did the condition result from an accidental injury?* ☐ Yes ☐ No		Was the injury intentionally self-inflicted?* ☐ Yes ☐ No
Was the patient transported to the hospital via ambulance?* ☐ Yes ☐ No If yes, what date?*		
What was the mode of transport?* ☐ Air ☐ Ground ☐ Water		
Where was the patient first seen?*	What was the date of service?*	What date was the patient first seen by you if the patient was first seen at a facility outside of your office?
☐ Your doctor's office		
☐ Emergency room		
☐ Other:		
Did the patient receive imaging?*	☐ Yes ☐ No	Did the patient receive durable medical equipment?* ☐ Yes ☐ No
If yes, list each imaging type with date(s) performed below:*		If yes, list each DME type with date(s) received below:*
Was the patient hospitalized?*		If yes, provide dates*
☐ Yes ☐ No		
Did the patient undergo surgery? *		Procedure Performed (include operative report)*
☐ Yes ☐ No		
Did patient undergo general anesthesia?*		
☐ Yes ☐ No		
Date of Surgery*		
Additional Comments:*		

Click on the left to view and download a Physician Statement Form



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Cigna Healthcare Supplemental Health Solutions
Physician Statement Form



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Note: Have your form alongside you when you visit myCigna.com

X

Download a Physician Statement Form for:

- Accidental Injury
- Accidental Injury Follow-up
- Critical Illness
- Hospital Care

Name (First & Last)

How did the accident occur?

Did the condition exist prior to the accident?

Was the patient hospitalized?

Where was the patient first seen?

What was the date of service?

What date was the patient first seen by you if the patient was first seen at a facility outside of your office?

Did the patient receive imaging?

Did the patient receive durable medical equipment?

Was the patient hospitalized?

Did the patient undergo surgery?

Did patient undergo general anesthesia?

Date of Surgery

Additional Comments

Click on the left to view and download a Physician Statement Form





Home

1

Get ready

2

Submit claim

3

Direct deposit

4

View status

Log onto myCigna.com

- If you haven't used myCigna.com before, you will need to register.
- You can also download the myCigna app to log in with your mobile phone.
- Once you register, you can use myCigna to access and manage information about your Cigna Healthcare Supplemental Health benefits coverage.

by logging on to myCigna.com, then click on Claims/Forms Center.



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Home



Get ready



Submit claim



Direct deposit



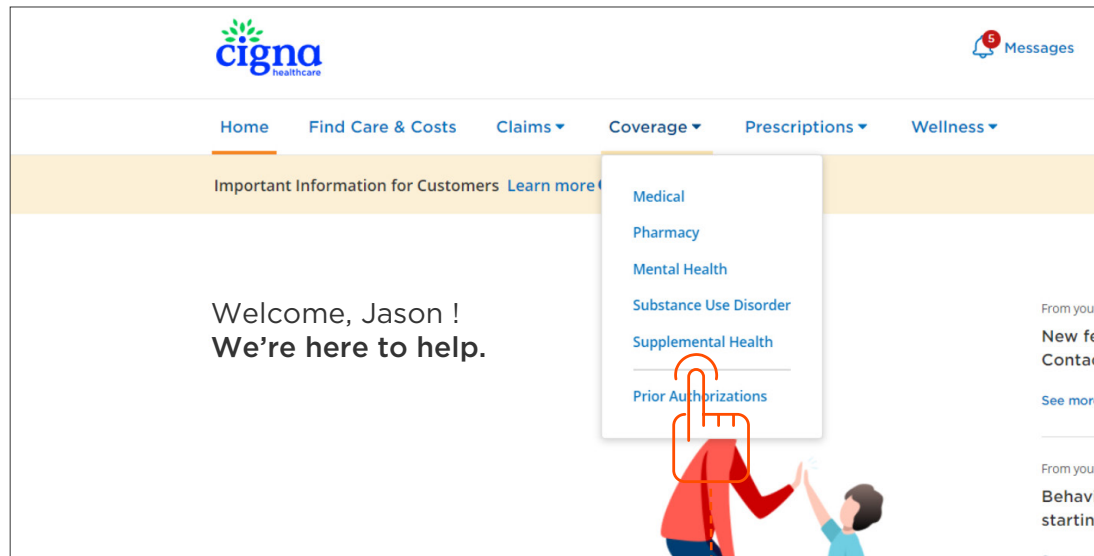
View status

Submit your claim.

Go to your Supplemental Health benefits home page.

From the myCigna.com home page:

- Select the Coverage tab on the top navigation bar.
- Choose Supplemental Health from the drop-down menu.





Home

1

Get ready

2

Submit claim

3

Direct deposit

4

View status

Claim Central

You'll see the large buttons in the Claims Central section of the Supplemental Health home page. Click on "Submit a claim" and you're on your way!

- Easy-to-read instructions will guide you through the process, starting with what type of claim you're submitting:
 - Accidental Injury
 - Critical Illness
 - Hospital Care
 - Wellness Incentive

You'll also be able to upload your physician statement form or any other relevant medical information.

Claim Central

Submit a Claim

Start a new supplemental health claim online.

Submit a claim

Claim status

Check status of your claim(s).

View claim status

Direct deposit

Have your claim payment directly deposited into a bank account.

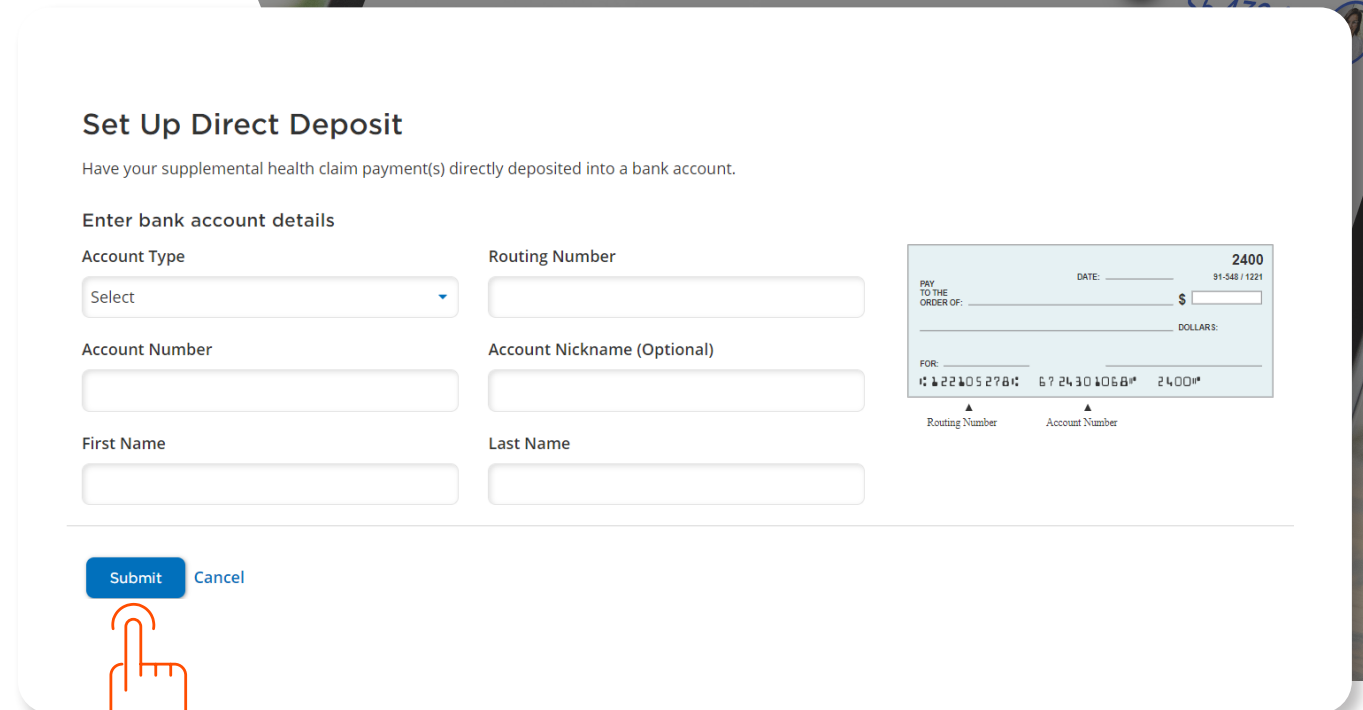
Manage direct deposit

3 Set up direct deposit.

You can receive your payment quickly.

Once you've completed your claim, go back to Claim Central and click on the "Manage direct deposit" button.

- Complete the simple form, where you can choose between checking and savings.
- Include your account and routing numbers, which are at the bottom of your check.
- Check the "E-Consent" box, then click "Submit."



Set Up Direct Deposit

Have your supplemental health claim payment(s) directly deposited into a bank account.

Enter bank account details

Account Type:

Routing Number:

Account Number:

Account Nickname (Optional):

First Name:

Last Name:

Sample Check:

PAY TO THE ORDER OF: \$

DATE:

FOR:

Routing Number: 122105278 Account Number: 6724304068

Submit a Claim

Start a new supplemental health claim online.

Claim status

Check status of your claim(s).

Direct deposit

Have your claim payment directly deposited into a bank account.

4

View claim status.

After you submit your claim, you can monitor the status at any time by going to Claim Central and clicking on the “View claim status” button.

Claim Central

Submit a Claim
Start a new supplemental health claim online.

[Submit a claim](#)

Claim status
Check status of your claim(s).

[View claim status](#)

Direct deposit
Have your claim payment directly deposited into a bank account.

[Manage direct deposit](#)





Home

1

Get
ready

2

Submit
claim

3

Direct
deposit

4

View
status

Payment confirmation

You'll receive an Explanation of Benefits (EOB) in the mail, confirming your payment. You'll also be able to view the EOB on myCigna.

You should then see the deposit in your bank account within one or two business days.





Home



Get
ready



Submit
claim



Direct
deposit



View
status



It's that simple.

Simplifying the claim process is just one way we aim to make life easy.

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