

PO BOX 3050
EASTON PA 18043-3050

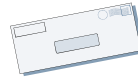
DIRECT DEPOSIT ADVICE

Provider Number:

Report Run Date

Retain This Statement
For your records

How to Contact Us



For Mail refer to the Provider
Summary Section



For Phone refer to Provider
Summary Section

Understanding this Benefits Statement

- ❖ This page provides a summary of the payments made this period. A summary of any payment deposited to your account is shown at the bottom of this page.
- ❖ The accompanying pages provide detailed information for the claims processed for this period. Please be sure to review both the front and back of each page to see how the amount shown below was determined.

Rights of Review and Appeal - For Physician or HealthCare Provider

- ❖ If you have any questions or disagree with the payment reflected on this Explanation of Deposit statement, you may ask to have it reviewed. In addition, if you have a contractual agreement with CIGNA, please refer to the procedural guidelines associated with your CIGNA contract or contact our office for direction.

Direct Deposit Advice

Connecticut General Life Insurance Company



CIGNA

Deposited For:

Direct Deposit Date

***Advice of Deposit
Non-Negotiable***

Direct Deposit
Amount

\$