

# OUTPATIENT CARE BELOW 200 USD/EUR/GBP

## OVERVIEW OF DIRECT PAYMENT OPTIONS



		BEFORE MEDICAL SERVICE	AFTER MEDICAL SERVICE
<b>MEMBERS WITHOUT Outpatient Direct Payment % on membership card</b>  	<b>PATIENT</b> 	Shows his/her <b>membership card</b> .	<b>Pays the portion</b> of the costs that are not covered by his/her plan as indicated on <a href="http://www.cignaenvoy.com">www.cignaenvoy.com</a> .  Some services might be indicated as <b>PAY &amp; CLAIM</b> .
	<b>HEALTH CARE PROVIDER</b> 	Checks <b>eligibility &amp; coverage</b> on <a href="http://www.cignaenvoy.com">www.cignaenvoy.com</a> .	<b>Applies the coverage</b> as mentioned on <a href="http://www.cignaenvoy.com">www.cignaenvoy.com</a> .  If the service is not covered, <b>informs</b> the patient to <b>PAY &amp; CLAIM</b> .  <b>Sends the invoice</b> indicating the full amount and the amount paid by the patient to <a href="mailto:bills@cigna.com">bills@cigna.com</a> .
	<b>CIGNA</b> 		<b>Pays the invoices</b> to the provider as indicated on <a href="http://www.cignaenvoy.com">www.cignaenvoy.com</a> .  Sends a <b>settlement note</b> (a detail of the payment) to the health care <b>provider</b> and the <b>patient</b> .
<b>MEMBERS WITH Outpatient Direct Payment % on membership card</b>  	<b>PATIENT</b> 	Shows his/her <b>membership card</b> WITH Outpatient Direct Payment %.	<b>Pays the portion</b> not covered by the membership card.
	<b>HEALTH CARE PROVIDER</b> 	<b>No requirement</b> to ask for a Guarantee of Payment.  Treats the patient.	<b>Collects the patient portion</b> from the patient.  <b>Sends the invoice</b> indicating the full amount and the amount paid by the patient to <a href="mailto:bills@cigna.com">bills@cigna.com</a> .
	<b>CIGNA</b> 		<b>Pays the invoice</b> to the provider (the % indicated on the card).  Sends a <b>settlement note</b> (a detail of the payment) to the health care <b>provider</b> and the <b>patient</b> .

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