



SECONDARY

HEALTH INSURANCE CLAIM FORM

HNS/CIGNA
PO BOX 2368
CORNELIUS NC 28031

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Form with 33 numbered sections containing patient and insurer information, including names, addresses, birth dates, and insurance details.

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION