



SECONDARY

HEALTH INSURANCE CLAIM FORM

HNS/CIGNA
PO BOX 2368
CORNELIUS NC 28031

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

Main form containing patient and insured information, including name, address, birth date, insurance details, and signature lines.

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION