Providers may fax Claims Appeal Form to 1-877-809-0783
or mail them to:
Cigna-HealthSpring STAR+PLUS
Appeals and Complaints Department
PO Box 211088
Bedford, TX 76095
Provider Services Phone Number: 1-877-653-0331

Cigna-HealthSpring® STAR+PLUS Appeals
Providers must request Claims Appeal within 120 days from the date of the Explanation of Payment (EOP).

Claims Appeal Form

Provider Information:			
Provider Name:			
NPI:		**TIN:**	
Contact Person:		**Contact Number:**	

Claim Information:			
Member Name:		**Medicaid ID:**	
Number of Claims:		**Number of Pages Sent:**	
Claim ID:	**Date(s) of Service:**	**Authorization Number:**	
Reason for Appeal/Denial:	☐ Denied for Non-covered Benefit ☐ Denied for Timely Filing	☐ Denied for No Auth ☐ Other	

Explanation for Appeal:

Claim Information:			
Member Name:		**Medicaid ID:**	
Number of Claims:		**Number of Pages Sent:**	
Claim ID:	**Date(s) of Service:**	**Authorization Number:**	
Reason for Appeal/Denial:	☐ Denied for Non-covered Benefit ☐ Denied for Timely Filing	☐ Denied for No Auth ☐ Other	

Explanation for Appeal:

Please attach any additional information and any supporting documentation.
Indicate an authorization number, if applicable. Please be advised that corrected claims are not appeals.