

How To Submit Your Claims

Please submit all Medical claims to:

Cigna, PO Box 188061, Chattanooga, TN 37422-8061

Electronic Payor ID: 62308

Eligibility/Claims: (877) 657-5030

Please submit all Medical, Dental, other non-medical claims, and correspondence to:

Wellfleet Group, LLC, PO Box 15369, Springfield, MA 01115-5369

Electronic Payor ID: 87843