Guarantee of payment

Cigna Healthcare



A Guarantee of Payment (GOP) assures payment directly to a health care provider outside the United States (U.S.) for covered authorized medical services. This helps prevent you from having to pay upfront for services that would normally be covered under your plan.

What does a GOP include?

Scheduled service, date of service to be performed, level of benefits, cost of service, deductible, coinsurance and more.

What are the types of GOP requests?

GOP requests are categorized and reviewed by the urgency of the request.

- **Emergency:** requests for life-saving service/procedure (for example: heart attack, stroke, severe injuries, etc.)
- Urgent: requests for unplanned critical service/ procedure (for example: broken bones, less severe injuries, etc.)
- Non-urgent: requests for planned service/procedure or a service/procedure that is unplanned but not critical (for example: back surgery, knee surgery, etc.)
- It is best to submit a GOP request as soon as possible regardless of the type of request.

Who is responsible for requesting a GOP?

- If a health care provider requests payment up front, always ask them to contact Cigna Healthcare per the normal process that they use to verify benefits and confirm payment by Cigna Healthcare for urgent/ emergency services on your behalf.
- If you are requesting a GOP for urgent/emergency service, call the toll-free number on the back of your Cigna Healthcare global ID card. Cigna Healthcare will verify benefits and confirm payment.

 If you are requesting a GOP for a service/procedure planned in the future through consultation with your health care provider, they should contact Cigna Healthcare per the normal process that they use to verify global benefits and confirm payment by Cigna Healthcare for any services on your behalf.



Why is a GOP important?

- Using a GOP increases access to care around the world.
- Reduces out-of-pocket expenses at those health care providers who do not, per normal practice, directly bill Cigna HealthcareSM (Please note: you are responsible for any applicable coinsurance, deductible or copays per your plan).
- Enables the hospital to bill us directly.
- Allows the Cigna Healthcare Medical Review Team to consult on the services being rendered before care is delivered, providing you the best care possible.







What information is needed for a GOP?

- Hospital/Facility performing the services
- · Country where services will be rendered
- Facility fax number, phone number and email address
- Requesting provider name, phone number and email address
- · Recipient (who will receive the GOP)
- · Patient name
- Patient Cigna Healthcare global ID number
- Diagnosis
- · Procedure to be performed
- Dates of service
- Cost estimate (If a cost estimate is not received, a Verification of Benefits (VOB) may be issued instead of a GOP, which means no GOP is issued and only benefit coverage is confirmed)
- Statement on GOP summarizing service to be covered: 'please issue a GOP for xxxx reason'
- Please include in subject heading of email communication: 'Level of Urgency – XXcompany nameXX – GOP request – (customer name ID number)' and mark as 'High Importance'

Customers may request a GOP at any time. Coverage will depend on the Cigna Healthcare global clinical department reviewing the services for medical necessity, and your global benefits and eligibility at the time of treatment. Once all the required information is received (see above for details), we ask that you allow at least **one business day** for confirmation, unless emergent or urgent service(s) is required for your GOP letter to be completed. Our global medical team will review the request and issue the GOP as soon as possible.

We are always happy to assist you or your provider. Let us know if there is anything else you need. Our Global Service Center is available 24/7 toll-free at **I.800.441.2668**, direct at **+I.302.797.3100** (collect calls accepted) or at **CignaEnvoy.com**.

