

## YOUR SETTLEMENT NOTE

This document explains how we processed your claims. You'll find a summary below and detailed information on the next pages. Please check the document carefully to make sure all information is correct. If you have questions simply call us at **+32 3 217 69 50**.




### Your claims

PATIENT	DATE	YOU CLAIMED	WE PAID	ACTION REQUIRED FROM YOU?
JONES ADAM	03/01/2019	1,328.50 EUR	62.80 EUR	Yes
JONES PETER	03/01/2019	100.00 GBP	0.00 EUR	No
JONES ROSE	03/01/2019	9,713.00 INR	76.83 EUR	No

<b>TOTAL AMOUNTS CLAIMED</b>	1,328.50 EUR	This is the sum of the amounts claimed per currency.
	100.00 GBP	
	9,713.00 INR	

<b>AMOUNT PAID</b>	<b>139.63 EUR</b>	For more information please see the 'Payments' section at the end of the document.
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<b>ACTION REQUIRED</b>	<p>Your action is required. For detailed information please check the  icon in the section 'Details of your settlement note'.</p> <p><b>You can upload missing documents and provide extra information on your personal webpages.</b></p>
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### The Words we use

TERM	THIS MEANS
<b>Date format</b>	All dates in this document are shown as dd/mm/yyyy. For example: 07/02/2018 means 7 <sup>th</sup> February 2018.
<b>Claimed</b>	Amounts claimed by you or the health care provider.
<b>Not covered</b>	Amounts that are not eligible for reimbursement by the medical plan.
<b>Covered</b>	Amounts that are eligible for reimbursement by the medical plan and that are used as the basis for the calculation of your reimbursement.
<b>Countervalue</b>	Conversion into the medical plan currency of the amounts shown in the 'Covered' column.
<b>Other insurance</b>	Amounts that are covered by another insurance plan or by a national health security system.



# DETAILS OF YOUR SETTLEMENT NOTE

## Your claim for JONES ADAM dated 03/01/2019 (date of birth 01/01/1961)



Not sure you understand the terms used in this table? Check **The Words we use**.

TYPE OF CARE	CLAIMED	-	NOT COVERED	=	COVERED	COUNTERVALUE	OTHER INSURANCE	DEDUCTIBLE	REIMBURSEMENT
Invoice from HEALTH CLINIC dated 10/12/2018 Medical treatment - 10/12/2018	1,250.00 EUR		1,250.00 EUR <sup>(1)</sup>		0.00 EUR	0.00 EUR	0.00 EUR	0.00 EUR	0.00 EUR
Invoice from DR. X dated 15/12/2018 Medical treatment - 15/12/2018	50.00 EUR				50.00 EUR	50.00 EUR	0.00 EUR	0.00 EUR	40.00 EUR
Invoice from UNIPHARMA dated 16/12/2018 Medicines - 16/12/2018	28.50 EUR				28.50 EUR	28.50 EUR	0.00 EUR	0.00 EUR	22.80 EUR
TOTALS	1,328.50 EUR								62.80 EUR
More Information									
(1) In order to process this claim, could you please confirm us the diagnosis, meaning the medical indication for this treatment/hospitalization?									

## Your claim for JONES PETER dated 03/01/2019 (date of birth 07/07/1986)

TYPE OF CARE	CLAIMED	-	NOT COVERED	=	COVERED	COUNTERVALUE	OTHER INSURANCE	DEDUCTIBLE	REIMBURSEMENT
Invoice from SMILE DENTAL CLINIC dated 01/01/2019 Dental care - 01/01/2019	100.00 GBP		100.00 GBP <sup>(1)</sup>		0.00 GBP	0.00 EUR	0.00 EUR	0.00 EUR	0.00 EUR
TOTALS	100.00 GBP								0.00 EUR
More Information									
(1) Please note that the costs have been incurred before or after your coverage period, so we are not able to reimburse this amount.									



Your claim for JONES ROSE dated 03/01/2019 (date of birth 10/02/1989)

TYPE OF CARE	CLAIMED	-	NOT COVERED	=	COVERED	COUNTERVALUE	OTHER INSURANCE	DEDUCTIBLE	REIMBURSEMENT
Invoice from CLINIQUE dated 01/11/2018 Analyses - 01/11/2018	2,560.00 INR		2,000.00 INR(1)		560.00 INR	7.04 EUR	0.00 EUR	0.00 EUR	5.58 EUR
Invoice from CLINIQUE dated 01/11/2018 Diagnostic examin. - 01/11/2018	7,153.00 INR				7,153.00 INR	89.91 EUR	0.00 EUR	0.00 EUR	71.25 EUR
TOTALS	9,713.00 INR								76.83 EUR

More Information

(1) Preventive care is not covered under your medical plan. Therefore, we cannot process your claim.



## We've made one payment



Need to change your payment preferences? You can always do so on your [personal webpages](#) or in the [Cigna Health Benefits app](#).

### WE'VE MADE A PAYMENT TO JONES ADAM

**Amount in currency of payment:** 139.63 EUR

**Payee type:** Plan member

**Payment method:** Cheque

### Payment details

**Reference:** SETTLEMENT DD04/01/19  
REIMBURSEMENT OF MEDICAL EXPENSES  
O/REF: 998 01 59448 YOUR COMPANY  
**Payment type:** Individual payment

**Payee name:** JONES ADAM  
**Payee type:** Plan member  
**Payee address:** PLANTIN EN MORETUSLEI 299  
**Payee city:** 2018 ANTWERPEN  
**Payee country:** BELGIUM



## Currency exchange rates

We applied the following exchange rates to process your claims. The date and financial institution selected to set exchanges rates are specific to your plan.

INVOICE DATE	EXCHANGE RATE
01/11/2018	1 INR = 0.01257000 EUR
01/01/2019	1 GBP = 1.10913931 EUR