



Dear Customer,

Thank you for trusting Cigna Home Delivery Pharmacy for your prescription needs.

Medicare Part B is part of your Original Medicare benefits and although it manages your medical, not pharmacy benefits, some of your drug benefit needs fall under this “part” of Medicare. This includes nebulizer solutions, transplant medications, oral cancer medications, immune globulin, infusion pumps and supplies. This letter is to introduce you to the Medicare Part B billing process for your Medicare eligible prescriptions.

- If you need to coordinate payments with Medicaid, please know that we are unable to bill Medicaid as a secondary coverage. You will be responsible for the standard portion of the cost that Medicare would charge patients (usually 20% of cost).
- Medicare requires us to report the quantity you have on hand for each Medicare Part B medication or supply before we fill or refill your request.
 - **What we need from you:** Please tell us the quantity you have on hand for each Medicare Part B medication or supply when you call to refill. If we don’t get this information we will call you before we fill or refill your prescription. We need to have this quantity on file to send to Medicare if they request it.
- From time to time, Medicare will ask pharmacies like us for additional information to confirm the request was completed with the correct documentation and is still considered reasonable and necessary.
 - **What we need from you:** If we receive a request from Medicare, we may ask you to provide or help us obtain clinical information from your doctor to give to Medicare on your behalf. Information may include transplant information (discharge, facility, etc) or nebulizer information (purchase date, etc).
- Medicare requires a form that allows Cigna Home Delivery Pharmacy to bill for the Medicare Part B medications.
 - **What we need from you:** Please complete and return the enclosed form called ‘Statement to Permit Payment of Medicare Benefits to Cigna Home Delivery Pharmacy.’ If you sent in a prescription, it has been placed on file (on hold) until we receive the signed permission form from you.

A copy of the DMEPOS Supplier Standards, Notice of Privacy & the Patients Rights and Responsibilities are enclosed for informational purposes.

Cigna Home Delivery Pharmacy
Billing and Accounts Receivable
Medicare Billing
4901 N 4th Ave
Sioux Falls, SD 57104



If you have any complaints or unresolved Medicare issues please contact Cigna Home Delivery Pharmacy @ 1-800-835-3784 and ask to speak to Cullan Winter extension 3734814 or write to him at Cigna Home Delivery Pharmacy 5200 E 52nd St N, Sioux Falls, SD 57104 attention Medicare Billing. If you are unable to resolve an issue contact the Compliance Team complaint number (1-888-291-5353)

Sincerely,

A handwritten signature in black ink that reads "Tamela Helsper".

Tamela Helsper
Director
Billing and Accounts Receivable
Cigna Home Delivery Pharmacy

Account Number:
Tech:

Cigna Home Delivery Pharmacy
Billing and Accounts Receivable
Medicare Billing
4901 N 4th Ave
Sioux Falls, SD 57104



www.cigna.com

Customer Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Statement to Permit Payment of Medicare Benefits to Cigna Home Delivery Pharmacy
I request that payment of authorized Medicare benefits be made on my behalf to **Cigna Home Delivery Pharmacy** for any services provided to me by them. I authorize Cigna Home Delivery Pharmacy to release any medical information about me to the Centers for Medicare & Medicaid Services and its agents that is needed to determine these benefits or the benefits payable for related services.

By signing below I also acknowledge that I received the DMEPOS Supplier Standards, Notice of Privacy & Patients Rights and Responsibilities.

Signature: _____ your date of birth _____

Customer Name (print): _____

Today's Date: _____

Medicare Number: _____

(Found on your Red, White & Blue Medicare A/B card. Include any letters that come before, or after your number)

Items/Services to be billed to Medicare-B (Circle one condition per form)

- Transplant Medications
 - Nebulizer solutions/supplies
 - Oral Cancer Medications
 - Insulin (administered via pump only)
 - Infusion pump/supplies
 - Immune Globulin (intravenous)
 - Immune Globulin (subcutaneous)
-



Patient Rights & Responsibilities

Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify Cigna Home Delivery Pharmacy of any prescription damage.
2. The patient is responsible for any prescription that is lost or stolen while in their possession and should promptly notify Cigna Home Delivery Pharmacy in such instances.
3. The patient should promptly notify Cigna Home Delivery Pharmacy of any changes to their address or telephone.
4. The patient should promptly notify Cigna Home Delivery Pharmacy of any changes concerning their prescribed medication.
5. The patient should notify Cigna Home Delivery Pharmacy of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any prescription charges which the patient's insurance company/companies do not pay



MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business, with visible signage. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.



14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
Implementation Date - October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). *Implementation date- May 4, 2009*
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

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Notice of Privacy Practices Cigna Home Delivery Pharmacy

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information

Privacy Commitment

Thank you for giving us the opportunity to serve you. In the normal course of doing business – providing you with pharmaceutical products and services – CIGNA Home Delivery Pharmacy creates records about you and the treatment and services we provide to you. The information we collect is called Protected Health Information (“PHI”). We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI and to provide you with this Notice about how we safeguard and use it.

When we use or give out (“disclose”) your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain, and/or maintain that contain your PHI. This includes, for example, records about you and the prescription drugs (medication history) and services we provide to you.

How We Protect Your Privacy

We understand the importance of protecting your PHI. We restrict access to your PHI to authorized workforce members who need that information for your treatment, for payment purposes and/or for health care operations. We maintain technical, physical and administrative safeguards to ensure the privacy of your PHI.

To protect your privacy, only authorized and trained workforce members are given access to our paper and electronic records and to non-public areas where this information is stored.

Workforce members are trained on topics including:

- Privacy and data protection policies and procedures including how paper and electronic records are labeled, stored, filed and accessed.

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- Technical, physical and administrative safeguards in place to maintain the privacy and security of your PHI.

Our corporate Privacy Office monitors how we follow the policies and procedures, and educates our organization on this important topic.

How We Use and Disclose Your PHI

Uses of PHI without your authorization

We may disclose your PHI without your written authorization if necessary while providing your health benefits. We may disclose your PHI for the following purposes:

Treatment:

- To share with nurses, doctors, pharmacists, optometrists, and other health care professionals in order to fill prescription orders that you or your health care professional submit.
- To help you obtain services and treatment you may need – for example, to coordinate with your doctor on appropriate dosing for long-term care.
- To coordinate your health care and related services with a different health care facility or professional.

Payment:

- To verify that your health plan or health insurer will pay for a prescription.
- To submit claims to your health plan or health insurer.
- To coordinate benefits with other coverage you may have.

Health care operations:

- To provide customer service.
- To support and/or improve the programs or services we offer you.
- To assist you in managing your health – for example, to provide refill reminder, sending you or your health care professional information about drug or treatment alternatives, or sending your health plan or health insurer your medication history for its use in disease or lifestyle management programs.
- We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

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Disclosures to others involved in your health care.

- If you are present or otherwise available to direct us to do so, we may disclose your PHI to others – for example, a family member, a close friend, or your caregiver.
- If you are in an emergency situation, are not present, or are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interests. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location or your general medical condition.
- We may disclose PHI about your child to the other parent of your child.

Disclosures to vendors and accreditation organizations. We may disclose your PHI to:

- Companies that perform certain services we've requested. For example, we may engage vendors to help us to provide information and guidance to users with chronic conditions like diabetes and asthma.
- Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

Please note that before we share your PHI, we obtain the vendor's or accreditation organization's written agreement to protect the privacy of your PHI.

Disclosures to your employer as sponsor of your health plan or health insurance policy. We may disclose your PHI to your employer or to a company acting on your employer's behalf, so that entity can monitor, audit and/ or otherwise administer the employee health plan or health insurance policy in which you participate. Your employer is not permitted to use the PHI we disclose for any purpose other than administration of your benefits. See your employer's health plan or policy documents for information on whether your employer receives PHI and, if so, the identity of the individuals who are authorized to receive your PHI.

Communications. We may disclose your PHI to provide you with a promotional gift of nominal value. Except as

permitted by law, we will not use your PHI for marketing purposes without your prior written authorization.

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Health or safety. We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of the general public.

Public health activities. We may disclose your PHI:

- To report health information to public health authorities authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations;
- To report child abuse or neglect, or adult abuse, including domestic violence, to a government authority authorized by law to receive such reports;
- To report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity; and
- To alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this Notice.

Health oversight activities. We may disclose your PHI to:

- A government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid.
- Other regulatory programs that need health information to determine compliance.

Research. We may disclose your PHI for research purposes, but only according to and as allowed by law.

- **Compliance with the law.** We may use and disclose your PHI to comply with the law.
- **Judicial and administrative proceedings.** We may disclose your PHI in a judicial or administrative proceeding or in response to a valid legal order.
- **Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.
- **Government functions.** We may disclose your PHI to various departments of the government such as the U.S. military or the U.S. Department of State as required by law.

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Workers' compensation. We may disclose your PHI when necessary to comply with workers' compensation laws.

Uses of PHI that require your authorization

Other than for the purposes described above, we must obtain your written authorization to use or disclose your PHI. For example, we will not supply PHI to a prospective employer without your prior written authorization.

Uses and disclosures of certain PHI deemed "Highly Confidential." For certain kinds of PHI, federal and state law may require enhanced privacy protection. These would include PHI that is:

- maintained in psychotherapy notes;
- about alcohol and drug abuse prevention, treatment and referral;
- about HIV/AIDS testing, diagnosis or treatment;
- about venereal and/or communicable disease(s); or
- about genetic testing.

We can only disclose this type of specially protected PHI with your prior written authorization except when specifically permitted or required by law.

Cancellation. You may cancel ("revoke") a written authorization you gave us before. The cancellation, submitted to us in writing, will apply to future uses and disclosures of your PHI. It will not impact disclosures made previously, while your authorization was in effect.

Your Individual Rights

You have the following rights regarding the PHI that CIGNA Home Delivery Pharmacy creates, obtains, and/or maintains about you.

Right to request restrictions. You may ask us to restrict the way we use and disclose your PHI for treatment, payment and health care operations, as explained in this Notice. We are not required to agree to the restrictions, but we will consider them carefully. If we do agree to the restrictions, we will abide by them.

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However, we must always honor your request to restrict (“to not disclose”) information to your health plan or health insurer about a prescription drug for which you pay. You may exercise this right by completing the Request for Prescription Drug Privacy Form and then, when ordering, pay for the prescription in full, out-of-pocket. If you do so, we will not submit any claim or otherwise communicate with your health plan or health insurer about the prescription. The form will remain on file for any remaining refills of the drug. This special form is available online at www.myCIGNA.com and www.myCIGNAforhealth.com, or by calling our Customer Service Department at 800.835.3784.

Right to receive confidential communications. You may ask to receive CIGNA Home Delivery Pharmacy communications containing PHI by alternative means or at alternative locations. We will accommodate reasonable requests whenever feasible.

- **Right to inspect and copy your PHI.** You may ask in advance to review or receive a copy of your PHI that is included in certain paper or electronic records we maintain such as prescription and billing records. Under limited circumstances, we may deny you access to a portion of your records.
- You may request that we disclose or send a copy of your PHI to a Health Information Exchange (HIE).
- **Right to amend your records.** You have the right to ask us to correct your PHI contained in our electronic or paper records if you believe it is inaccurate. If we determine that the PHI is inaccurate, we will correct it if permitted by law. If a different health care facility or professional created the information that you want to change, you should ask them to amend the information.
- **Right to receive an accounting of disclosures.** Upon your request, we will provide a list of the disclosures we have made of your PHI for a specified time period. However, the list will exclude:
 - Disclosures you have authorized.
 - Disclosures made earlier than six years before the date of your request (in the case of disclosures made from an electronic health record, this period may be limited to three years before the date of your request).
 - Disclosures made for treatment, payment, and health care operations purposes except when required by law.
 - Certain other disclosures that are excepted by law.

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If you request an accounting more than once during any 12-month period, we will charge you a reasonable fee for each accounting report after the first one.

Right to name a personal representative. You may name another person to act as your Personal Representative. Your representative will be allowed access to your PHI, to communicate with the health care professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make health care decisions for you.

Right to receive a paper copy of this Notice. Upon your request, we will provide a paper copy of this Notice, even if you have already received one, as described in the *Notice Availability and Duration* section later in this Notice.

Actions You May Take

Contact CIGNA Home Delivery Pharmacy. If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us at the following address or telephone number:

Privacy Office
CIGNA Home Delivery Pharmacy
P.O. Box 188014
Chattanooga, TN 37422
Telephone Number: 800.762.9940

For certain types of requests, you must complete and mail to us the applicable form. To obtain a form, please call our Customer Service Department at 1.800.835.3784 or search for the appropriate form on our website

http://cigna.com/privacy/privacy_healthcare_forms.html.

Contact a government agency. If you believe we may have violated your privacy rights, you may also file a written complaint with the Secretary (the "Secretary") of the U.S. Department of Health and Human Services ("HHS").

Your complaint can be sent by email, fax, or mail to the HHS' Office for Civil Rights ("OCR"). For more information, go to the OCR website

<http://www.hhs.gov/ocr/privacy/hipaa/complaints>. We will provide you with the contact information for the OCR Regional Manager in your area if you request it from our Privacy Office.

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We will not take any action against you if you exercise your right to file a complaint, either with us or with the Secretary.

Notice Availability and Duration

Notice availability. We will send you a copy of this Notice at least once a year. You can also request a copy by calling Customer Service at 800.835.3784, and it is available on our website http://cigna.com/privacy/privacy_healthcare.html.

Right to change terms of this Notice. We may change the terms of this Notice at any time, and we may, at our discretion, make the new terms effective for all of your PHI in our possession, including any PHI we created or received before we issued the new Notice.

If we change this Notice, we will update the Notice on our website and, if you are enrolled in CIGNA Home Delivery at that time, we will send you the new Notice, as required. In addition, you can request a copy by calling Customer Service at 1.800.835.3784.

Effective date. This Notice is effective as of April 14, 2003, and updated as of February 1, 2011.

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